**EMPLOYEE WRITE UP FORM**

**State of: [STATE]**

Date: [DATE]

Employee Name: [NAME]

Employee ID: [ID NUMBER]

Employee Position and Department: [POSITION] [DEPARTMENT]

Offense Committed and Warning: [OFFENSE AND TYPE OF WARNING]

Location/Date/Time of occurrence: [LOCATION] [TIME AND DATE]

**Details of the Infraction/Offense Committed**

1. [DETAIL INFRACTION OR OFFENSE]

**Action Plan for Improvement or Resolution of Employer**

1. [INSERT ACTION PLAN]

**Past Disciplinary Actions**

1. [HIGHLIGHT PAST DISCIPLINARY ACTIONS. REMOVE IF N/A]

**Consequences if the Incident Occurs Again**

1. [HIGHLIGHT CONSEQUENCES]

**Employee statement**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement**

1. By signing this form, the undersigned employee understands the information of the warning, as well as the details herein, have already been discussed by their direct supervisor.

**SIGNATURES**

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| --- | --- | --- |
|  |  |  |
| **Employee Signature** |  | **Employee Full Name** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Supervisor Signature** |  | **Supervisor Full Name** |