**EMPLOYEE WRITE-UP FORM**

**Date:** [Date of Write-Up]

**Employee Information:**

|  |  |
| --- | --- |
| **Employee Name:**  | [Employee Name] |
| **Job Title:**  | [Employee Job Title] |
| **Department:** | [Employee Department] |
| **Supervisor:**  | [Supervisor's Name] |

|  |
| --- |
| **Description of Incident or Performance Issue:** |
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|  |
| **Previous Discussion(s):** |
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|  |
| **Employee's Response:** |
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|  |
| **Corrective Action Plan:** |
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|  |
| **Expected Improvement or Change:** |
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| --- |
| **Timeline:** |
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|  |

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| --- |
| **Follow-up and Monitoring:** |
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|  |
| **Consequences for Failure to Improve:** |
|  |
|  |

**Employee Acknowledgment:**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Employee Signature** |  | **Date** |

**Supervisor's Acknowledgment:**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Supervisor's Signature** |  | **Date** |

**Witness's Acknowledgment:**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Witness's Signature** |  | **Date** |