**EMPLOYEE WRITE-UP FORM**

|  |  |
| --- | --- |
| Employee Name: | [Employee Name] |
| Supervisor Name: | [Supervisor Name] |
| Title: | [Title] |

**Incident Information:** (Attach Documentation)

|  |  |
| --- | --- |
| Date/Time of Incident: | [Date] / [Time] |
| Location: | [Location] |

|  |
| --- |
| **Description of Incident:** |
|  |
|  |
|  |
| **Witnesses, if any:** |
|  |
| **Policy/Policies in Violation:** |
|  |
|  |
|  |

**Disciplinary Action:** (Attach Documentation)

|  |
| --- |
| **Disciplinary Action to be Taken:** |
|  |
|  |
|  |

|  |
| --- |
| **Consequence(s) if employee repeats offense:** |
|  |
|  |
|  |

|  |
| --- |
| **If the Employee has offered an explanation of his/her conduct, explain in detail:** |
|  |
|  |
|  |

Signing of this document only acknowledges receipt and is not an admittance of guilt.

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

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