

EMPLOYEE DISCIPLINARY ACTION / WRITE-UP FORM

1. Employee Information

Employee Name: _____

Employee ID: _____

Job Title: _____

Department: _____

Supervisor/Manager Name: _____

Date of Incident: _____

Date of Report: _____

Location of Incident: _____

2. Type of Disciplinary Action

Verbal Warning Written Warning Final Warning

Performance Issue Conduct Issue Attendance Issue

Safety Violation Suspension Termination Recommendation

Other: _____

3. Description of Incident / Violation

4. Company Policy / Rule Violated

Policy Name/Section: _____

5. Previous Related Incidents

None Verbal Warning Written Warning Final Warning

Details:

6. Impact of the Incident

Productivity Impact Safety Risk Customer Impact

Financial Impact Policy Violation Other

7. Corrective Action Plan

Employee must:

Improve attendance Improve performance Attend training

Follow company policy Improve conduct

8. Timeline for Improvement

Start Date: _____

Review Date: _____

Improvement Deadline: _____

Failure to improve may result in further disciplinary action, including termination.

9. Employee Comments

10. Acknowledgment

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Signature: _____ Date: _____

11. Follow-Up Review (Office Use)

Review Date: _____

Satisfactory Improvement Partial Improvement No Improvement

Comments:
