

Employee Write-Up Forms Packet

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Employee Complaint Form

Your Name: _____ Date: _____

Title: _____ Phone Number: _____

Status: Employee Customer
 Faculty Other (Specify) _____

Department: _____

Address: _____

Complaint Information

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please describe the incident in detail:

If there are others who have witnessed the incident, please provide their names and phone numbers below:

Is this the first time you have raised this concern about this person?

____ Yes ____ No

Do you have any suggestions for resolving the complaint? If so, please explain.

Do you have any additional information or complaints? If so, please explain.

Signature: _____

Print Name: _____

Employee Counseling Form

Counseling Date: _____

Employee's Full Name: _____ Job Title: _____

Worksite Employer: _____ Location: _____

This Counseling is being issued because of the following (Select all that apply):

- Attendance Behavior/Teamwork Inappropriate Conduct
- Inappropriate Dress Safety Violation Sleeping on the Job
- Substandard Work Violence Other _____

Incident Date: _____ Time of Incident: _____

Describe the nature of the incident (If applicable):

Name of Witness(es):

Corrective Action:

Employee Comments:

This form is intended to help direct the employee onto a successful path in the work place. It is important to make immediate and sustained improvement and the failure to do so could result in further disciplinary action, up to and including termination of employment.

Employee's Signature Print Name Date

Supervisor's Signature Print Name Date

Witness's Signature Print Name Date



EMPLOYEE DISCIPLINARY ACTION FORM

Employee: _____ Date of Warning: _____

Department: _____ Supervisor: _____

Type of Violation

- Attendance - Carelessness - Disobedience - Safety - Tardiness

- Work Quality - Other (explain) _____

Warning

Violation Date: _____ Violation Time: _____

Violation Location: _____

Employer's Statement

Employee's Statement

The Decision

Decision Approved by: _____ Title: _____ Date: _____

Previous Warnings

1st Warning - Date: _____ Type: - Verbal - Written

2nd Warning - Date: _____ Type: - Verbal - Written

3rd Warning - Date: _____ Type: - Verbal - Written

Other: _____

Signatures

Employer's/Supervisor's Signature: _____ Date: _____

Print Name: _____ Title: _____

I have read this "warning decision". I understand it and have received a copy of the same.

Employee's Signature: _____ Date: _____

Print Name: _____ Title: _____

Employee Reprimand Form

Employee	Work Location	Date of Discipline Action Given
Employee ID # (if any)	Date of Occurrence	Issuing Supervisor

Violation Statement

Place of Violation: _____

Date of Violation: _____

Description of Violation:

Disciplinary Action

Administrative Leave w/Pay

Recommendation for Termination

Sent Home w/Pay

Suspension Without Pay ____ Days

None

Other _____

Corrective Actions

Description of Corrective Actions to be Taken:

I have read this Notice of Discipline and understand it.

Employee refused to sign this form and all attached documentation.

Employee's Signature	Print Name	Date
Supervisor's Signature	Print Name	Date
Witness's Signature	Print Name	Date



Employee Termination Letter

Date: _____

Name of Terminated Employee: _____

Address: _____

Dear _____,

On _____ (Date), your employment with _____

will be officially terminated for the following reason:

I wish you the best in finding new employment.

Signature _____ **Print** _____



Employee Warning Form

Employee's Name: _____ Date: _____

Manager/Supervisor's Name: _____

If previous discipline meeting occurred, enter date: _____

Reasons for Warning:

Absenteeism Failure to follow procedure Rudeness
 Tardiness Failure to meet performance Refusal to work overtime
 Policy violation Fighting Language
 Other _____

Details of actions that warranted this warning:

The following immediate and sustained corrective action must be taken by the employee.
Failure to do so will result in further disciplinary action up to and including termination:

Note: Your signature on this form means that we have discussed the situation. It doesn't necessarily mean you agree that the infraction occurred.

Employee's Signature Print Name Date

Supervisor's Signature Print Name Date