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