

Pacific Skin Institute - Employee Write Up

Employee Information

Employee Name:

Date:

Employee ID

(Gusto):

Job Title:

Supervisor:

Department: Medical Assistant/Scribe/Front Desk

Type of Warning

- 1st Warning-Verbal 2nd Warning-Written Final Warning

Type of Offenses

- Tardiness/Leaving Early Call out-No Show Violation of Company Policies
 Substandard Work Violation of Safety Rules Rudeness/Unprofessional to
 Other: _____ Customers/Other Employees

Details

Description of Infraction:

Plan for Improvement:

Acknowledgment of Receipt of Warnings

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

Supervisor/Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date

Please submit this form to: Support@caresdesk.org