

# No Call, No Show Facility Write-Up Template



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Employee Name		Organization Name	
Employee ID		Department	
Position		Supervisor	
Date of Incident		Date of Write-Up	

Incident Documentation	
<p>Description of violation:</p>	
<p>Impacts to the organization:</p>	
<p>Employee statement (if any):</p>	
<p>Attendance record (for rolling year):</p>	

**Corrective measures to be taken:**

I acknowledge that I have received and reviewed this write-up regarding a no call, no show absence on **(date of incidence)**. I understand the expectations as stated in the attendance policy and will take responsibility for the outlined corrective measures. I understand and have reviewed the consequences of a repeat violation if I fail to adhere to the policy expectations and corrective plan.

Employee Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

## Appendix A

Attendance Policy	
No Call, No Show Occurences <i>(Within rolling 12-month period where (none) are allowable)</i>	Documented Follow-Up
1	Final Warning (with HR approval)
2	Termination (with HR approval)