

Corrective Action

Employee Name _____ R# _____ Date _____

Job Title _____

Department _____

Supervisor _____

Action Level

Counseling Warning Suspension without Pay ____ days

Previous Corrective Action(s) (including date, action and reason):

Description of the incident (include date of the incident, what did the employee do or not do, the policy violated, and how did the employee know this was wrong or not appropriate?): ****Statement of facts and not opinion****

Expectations (include action plan for improvement):

Employee Name _____

R # _____

Date _____

Action Items: (What will the employee do in the future to correct behavior of performance?) ****Employee input recommended****

Follow-Up Plan & Timeline

Failure to show immediate and sustained improvement in your performance and/or other violations may result in further corrective action, up to and including termination of employment. You may respond to this corrective action in writing within 10 business days.

I acknowledge receipt of this notice and discussion of its contents.

Employee Signature

Date _____

Supervisor/Manager Signature

Date _____

R # _____

Original - Human Resources Copy - Employee Copy - Department File

Employee Name _____ R# _____ Date _____

Continuation