

## Employee Corrective Action Form

Employee Name:		Date:	
Job Title:		Supervisor:	
<b>Level of Corrective Action</b>			
<input type="checkbox"/> Verbal Warning/Counseling <input type="checkbox"/> Written Warning/Reprimand <input type="checkbox"/> Suspension <input type="checkbox"/> Termination			
<b>Facts:</b>			
Date/Time of Incident:			
Type of Incident:			
<b>Employee's Explanation:</b>			
<b>Expectations:</b>			
<b>Corrective Action Plan:</b>			
<b>Action Taken:</b>			
<b>Next Action Step If Issue Continues:</b>			
I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement.			
<b>Employee signature</b>			
<b>Supervisor signature</b>		<b>Date</b>	
<b>Director of HR signature</b>		<b>Date</b>	
A copy of this corrective action will be placed in your personnel file for reference.		<b>Date</b>	