

Employee Corrective Action Form

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|--|--|-------------|--|
| Employee Name: | | Date: | |
| Job Title: | | Supervisor: | |
| Level of Corrective Action | | | |
| <input type="checkbox"/> Verbal Warning/Counseling <input type="checkbox"/> Written Warning/Reprimand <input type="checkbox"/> Suspension <input type="checkbox"/> Termination | | | |
| Facts: | | | |
| Date/Time of Incident: | | | |
| Type of Incident: | | | |
| Employee's Explanation: | | | |
| Expectations: | | | |
| Corrective Action Plan: | | | |
| Action Taken: | | | |
| Next Action Step If Issue Continues: | | | |
| 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. | | | |
| Employee signature | | | |
| Supervisor signature | | Date | |
| Director of HR signature | | Date | |
| A copy of this corrective action will be placed in your personnel file for reference. | | Date | |
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