**CORRECTIVE ACTION FORM**

|  |  |  |
| --- | --- | --- |
|  | Written Notice of Verbal Warning |  **Distribution:** |
|   | Written Warning |  Original: Human Resources |
|  | Suspension – 2 days |  CC: Supervisor & Employee |
|   | Termination |  |

|  |
| --- |
| **Employee Name:**  |
| **Employee’s Supervisor:**  |
| **Individual Conducting Discipline Session:**  |
| **Date of Incident/Violation:**  |
| **Specific rule violation or performance problem:**  |
|  |
| **Previous conversations about the rule violation or performance problem, if applicable:** **Current Performance Problem:** |
| **Specific Change in the employee’s performance or behavior that is expected:**.  |
| **Employee’s comments:** |
| **Supervisor’s comments:** |

***EMPLOYEE SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Note: Employee’s signature does not necessarily indicate agreement with the action taken; it acknowledges review and receipt of disciplinary/corrective action.***

|  |  |
| --- | --- |
| **Supervisor’s Name:**  | **Date:**  |
| **Follow-up Action:** |