**CORRECTIVE ACTION FORM**

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

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| **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.***

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