

Corrective Action



Employee Name

Date

Position Title

Supervisor

Level of Corrective Action	
<input type="checkbox"/>	Verbal Warning
<input type="checkbox"/>	Written Warning
<input type="checkbox"/>	Final Warning

Check the following reason(s):

- Unsatisfactory Performance Tardiness/Absence Other, Explain: _____
 Failure to Report to Work Violation of Policy _____

Reason for Action:

Describe the specific performance problem; incident; include dates and times where applicable. Use additional paper if necessary.

Corrective Action Required:

Describe corrective action the employee MUST take to correct the problem. Be very specific on what steps need to be taken. Include timeframe for improvement.

IF PERFORMANCE DOES NOT IMPROVE, the next step will be:

- Written Warning Final Warning Termination Re-evaluation meeting scheduled for: _____

I have read and understand this corrective action. I understand that if my performance does not improve, I may receive further corrective action, up to and including termination. Signing this statement does not necessarily mean that I agree, it simply indicates acknowledgement that this document was reviewed with me.

Employee Signature

Date

Supervisor Signature

Date