

# CORRECTIVE ACTION FORM

Employee Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Issuing Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

## VIOLATION

<input type="checkbox"/> Attendance/ Tardiness	<input type="checkbox"/> GPS/ Gas	<input type="checkbox"/> Misconduct	<input type="checkbox"/> Safety Violation
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Performance	<input type="checkbox"/> Policy Violation	<input type="checkbox"/> Other:

## SUPERVISOR STATEMENT

(Describe Incident/Performance Problems, Please Be Specific)

## CORRECTIVE ACTION

(Describe Problem Resolution/Expected Behavior/Performance)

## ACTION PLAN

You are formally being warned to bring your attention to the severity of this matter. Any further transgressions will lead to further disciplinary action, up to and including termination. By signing below, you acknowledge that you have received this notice.

Warning Level			Suspension		Suspension Dates:	
<input type="checkbox"/> Verbal	<input type="checkbox"/> Written	<input type="checkbox"/> Final	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Begin:	Return:

## EMPLOYEE STATEMENT

I AGREE with Supervisor's Statement                       I DO NOT AGREE with Supervisor's Statement

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_