



Corrective Action Notification

Employee name: _____
Position: _____

Date: _____
Supervisor: _____

Type of corrective action: Verbal warning Written warning

Previous warnings:

- None, this is the 1st warning given
- Verbal warning given ____ / ____ / _____
- 1st written warning given ____ / ____ / _____
- 2nd written warning given ____ / ____ / _____

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

This notification is given as formal warning that the above-named employee has done the following, which is in conflict with policy or accepted business practice:

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

I agree I disagree with the statement above written by my supervisor. I disagree because:

Plan for improvement* (includes setting goals, additional training, plans for follow up, etc.):

* Note: If additional space is needed, please attach the document to this form.

Date for follow up on plan for improvement: ____ / ____ / _____

Supervisor's recommendation for immediate action:

Return to work; no further action needed Suspension Termination; termination effective date: _____

If suspension is recommended: How many days? _____ Suspension begins: ____ / ____ / _____

Supervisor's recommendation at next occurrence: Suspension Termination Written warning

A COPY OF THIS DOCUMENT WILL BE FILED IN THE EMPLOYEE'S PERSONNEL FILE

Supervisor's signature: _____

Date: _____

Employee's signature does not confirm agreement with supervisor but confirms that a warning was given and that the supervisor has communicated the consequences if the disciplined behavior is not corrected.

Employee's signature: _____

Date: _____

If employee refuses to sign this warning, witness shall sign indicating that a warning was in fact given and that the supervisor has communicated the consequences if the disciplined behavior is not corrected.

Witness' signature: _____

Date: _____