

# Employee Corrective Action Form

## Employee Information:

Name:	Date of Discipline:
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Supervisor Name:	Date of Incident:
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*The intent of this notice is to make you aware of deficiencies in your conduct and/or performance and to give you an opportunity to correct and improve your value to the company. Repeated violation of the rules or continued performance/conduct problems, whether related to this situation or not, will result in further disciplinary action, up to and including termination of employment. The use of progressive discipline is left to the sole discretion of the supervisors and managers involved. Nothing in this disciplinary policy limits the policy of employment at-will or restricts the right of either party to terminate employment at any time, with or without cause or prior warnings or counseling.*

## Nature of Incident

<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Destruction of company property
<input type="checkbox"/> Improper conduct	<input type="checkbox"/> Dishonesty	<input type="checkbox"/> Violation of company policy
<input type="checkbox"/> Misconduct	<input type="checkbox"/> Theft	<input type="checkbox"/> Violent action
<input type="checkbox"/> Refusal to follow instructions	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Other:
<input type="checkbox"/> Leaving without permission	<input type="checkbox"/> Violation of safety rules	
<input type="checkbox"/> Lack of cooperation / teamwork	<input type="checkbox"/> Reporting under the influence of alcohol / drugs	

## Company Statement/Description of Incident:

Attach a separate sheet if necessary.

## Employee Comments:

## Time Table for Improvement:

Immediate
  30 days
  60 days
  Other \_\_\_\_\_

## Action Taken:

Verbal Warning
  First Written Warning
  Second Written Warning
  Final Warning  
 Suspension for \_\_\_ Days
  With Pay
  Without Pay
  Termination of Employment  
 Demotion
  Performance Improvement Plan

Employee's Signature:	Date:
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Note: Employee's signature shows only that the employee has seen this document, was afforded an opportunity to comment and ask questions, and not that he/she is necessarily in agreement. As an at-will employer, we retain the right to terminate the employment relationship at any time in our sole discretion.

Supervisor's Signature:	Date:
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Witness Signature:	Date:
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## Human Resources:

Received by:	Date:
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