



EMPLOYEE CORRECTIVE ACTION FORM

Employee Name: _____ Warning Date: ____/____/____

Department: _____ Job Title: _____

Type of Warning: Verbal* Warning Final Warning Termination

Type of Violation(s):

Attendance Tardiness Conduct

Safety Performance Breach of Company Policy

Other: _____

Employer Statement: (Include specific detail and dates. Attach additional paper if needed)

Employee Statement: I agree with statement I disagree with statement

Follow-Up Corrective Action: (Include dates and plans for follow-up)

* Employee signature is not needed for verbal warning.

Employee Signature X _____ Date ____/____/____

Manager Signature X _____ Date ____/____/____