

## EMPLOYEE CORRECTIVE ACTION FORM

Employee Name: \_\_\_\_\_ Warning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Type of Warning:    Verbal\*    Warning    Final Warning    Termination

**Type of Violation(s):**

<input type="checkbox"/> Attendance	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Conduct
<input type="checkbox"/> Safety	<input type="checkbox"/> Performance	<input type="checkbox"/> Breach of Company Policy
<input type="checkbox"/> 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 \_\_\_\_/\_\_\_\_/\_\_\_\_