Corrective Action plan

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| **Employee Name:** | | **Date:** | |
| **Job Title/ Dept.:** | | **Supervisor:** | |
| **Level of Corrective Action**   * Verbal Warning/ Counseling * Written Warning *(Previous Corrective Actions: )* * Termination | | | |
| **Problem/ Issue:** *(Please state the issue in which the employee is being given a corrective action for, address the section in the handbook in which the employee is violating)* | | | |
| **Facts:** *(Please describe the specific incident in which the employee is being given a corrective action)* | | | |
| **Objective:** *(Please describe the performance change you are expecting the employee to have by receiving this corrective action)* | | | |
| **Comments:** *(This is where the employee may make comments in regard to this corrective action plan)* | | | |
| **Re-Evaluation meeting scheduled for** |  | | |
| *Signing this statement does not necessarily mean that I agree, it simply indicates acknowledgement that this document was reviewed with me. I understand that acknowledging this discipline does not constitute a contract and does not change my employee-at-will status. The company reserves its right to skip progressive discipline steps and go directly to termination at its discretion.*  ***I understand that either failure to improve my performance/behavior or additional incidence/s of any unsatisfactory performance or behavior may result in further corrective action up to and including termination.*** | | | |
| **Employee Signature:** | | | **Date:** |
| **Supervisors Signature:** | | | **Date:** |
| **Human Resources Signature:** | | | **Date:** |
| *A copy of this corrective action will be placed in your personnel file for reference.* | | | |