



Improvement Action Form

Employees Name:

Date:

Job Title:

Department/Location:

TYPE OF ACTION: (Check One)

- | | | |
|--|--|--|
| <input type="checkbox"/> Coach and Counsel | <input type="checkbox"/> Written Warning 2 | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Written Warning 1 | <input type="checkbox"/> Suspension | <input type="checkbox"/> Reinstatement |

PREVIOUS CORRECTIVE ACTIONS (Type of Action, Offense, Date):

INCIDENT: Describe the situation (behavior, performance, policy violation, etc.) that occurred. Include date(s), time(s), location(s), people involved, witnesses, effects of incident on employee's work or other employees, and all other relevant information.

GOALS AND TIMEFRAME FOR IMPROVEMENT: What specific actions, within what timeframe, are to be accomplished to improve the behavior/performance?



CONSEQUENCES:

What will happen if the employee fails to meet the goals within the set timeframes?

If the employee repeats the same action he/she has been reprimanded for within a six-month period from the date of the last corrective action, the Principal shall have the option of continuing the corrective action process from the last action taken.

FOLLOW-UP REVIEW (If applicable): Scheduled Date:

Initial:_____ Initial:_____

EMPLOYEE COMMENTS:

Administrator's Signature: _____ Date: _____

I understand that my signature indicates only that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.

Employee's Signature: _____ Date: _____