



HR Policy 5.01

CORRECTIVE ACTION RECORD

Employee Name: _____

Department: _____

Employee ID: _____

Date of employment: _____

Job Title: _____

Type of Action (check below):

First Warning

Written Warning

Final Warning

EAN Referral

Suspension
(require HR approval)

Termination of Employment
(require HR & VP approval)

Dates of previous Corrective Actions (if applicable): _____

Description of behavior or performance concern (including dates, incidents, policy violations):

Corrective Action required (outlining expected change, what is to be done to correct the problem and time frame): _____

Consequences (indicating action to be taken if no improvement): _____

Follow-up conference date (if applicable): _____

Staff Member comments: _____

Staff Member Signature: _____

Date: _____

Director/Manager/Supervisor Signature: _____

Date: _____

Witness (if necessary): _____

Date: _____

Vice President (if applicable): _____

Date: _____

HR Rep encouraged to be present for final warnings; required at terminations

Final warnings/terminations require VP signature

Route completed form to Human Resources