



HR Policy 5.01

CORRECTIVE ACTION RECORD

Employee Name: _____ Department: _____

Employee ID: _____ Hire date: _____

Job Title: _____

Type of Action (check below):

- First Warning Written Warning Final Warning EAN Referral
- Termination Suspension
- (requires HR & VP approval)* *(requires VP approval)* *(for HR use only)*

Dates of previous Corrective Actions (if applicable): _____

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

Corrective Action required (outlining expected change problem and time frame): _____

Consequences (indicating action to be taken if no improvement): Any further policy violation can result in corrective action up to and including termination.

Follow-up conference date (if applicable): _____

Staff Member comments: _____

Staff Member Signature: _____ Date: _____

Director/Manager 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