



PESG Family of Companies Employee Corrective Action Documentation Form

Please assist us in providing quality services by reporting work, performance, conduct and behavior concerns. Without this information PESG is limited in our ability to provide quality service, feedback and corrective action to our employees. Please note corrective action is our responsibility as the employer and corrective action notification provided by the schools directly to our employees is not legally valid, as the schools are not the employer of PESG Family of Companies employees. Also, it is important for the quality of services provided to all schools that we provide our employees with detailed and timely information regarding performance concerns.

Note – if you have a situation where a PESG representative must interact with our employees immediately (e.g. Health/Safety issue), please contact our emergency # which is monitored 24 hours a day/ 7 days per week. Please call 855-926-4911

Section #1

School District: _____ Building/Program Name: _____

PESG Family of Companies Employee Name: _____

Date of Incident: _____

Witness #1: _____ Witness #2: _____

Section #2

Please describe the circumstances surrounding this report that we can share with our employee. Please do not use names of students, please refer to students as student #1, witness#1, etc. Please describe in detail the incident(s) that occurred and supports the requested action, if any. You may also attach separate or additional documents, if necessary.

Building Level Signature _____ Printed Name: _____
Date _____

Section #3 (If removal required)

Building / Program Removal

Does this circumstance rise to the level of a permanent building or program removal? ____ Yes ____ No

From what building or program does the PESG Family of Companies employee need to be removed? _____

Principal/Human Resource Signature _____ Print Name _____
Date _____

District Wide Removal

Does this circumstance rise to the level of a permanent district wide removal? ____ Yes ____ No

District Human Resource Signature _____ Print Name _____
Date _____

Email to: hrstaffing@contractsubs.com (or) Fax: 616-891-9009

Please Note: Employment decisions are made by PESG Family of Companies authorized representatives, based upon our policies and procedures. At all times we will honor district/building requests for removal.