

## CORRECTIVE ACTION NOTICE

Employee Information			
First Name:		Last Name:	
Date(s) of Incident(s):	Today's Date:	Department:	
Notice Type			
<input type="checkbox"/> Written Warning	<input type="checkbox"/> Suspension	<input type="checkbox"/> Termination	
Incident Type			
<input type="checkbox"/> Attendance	<input type="checkbox"/> Violation of Company Policy	<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Substandard Work
<input type="checkbox"/> Improper Conduct	<input type="checkbox"/> Failure to Follow Directions	<input type="checkbox"/> Other:	
Description of Incident / Plan for Improvement			
(Include dates, times and witnesses.)			
Employee Comments			
Acknowledgement of Receipt of Notice			
<p><b>Any further incidents may result in additional corrective action up to and including termination of employment.</b></p> <p>By signing this form, you confirm that you understand the information in this notice. You also confirm that you and your manager have discussed the notice and a plan for improvement (if appropriate).</p> <p style="background-color: yellow;"><b>Signing this form does not necessarily indicate that you agree with this notice.</b></p>			
<b>Employee Signature</b>			
<b>Manager Signature</b>			
<b>Witness Signature</b>			