

Corrective Action Record

Employee Name: _____

Today's Date: _____ Date of Conduct: _____

Location: _____

Employee Misconduct Type:

- | | |
|---|---|
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Violation of Policies/Procedures |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Poor Customer Service |
| <input type="checkbox"/> Safety Violation | <input type="checkbox"/> Poor Job Performance |
| <input type="checkbox"/> Attendance/Tardiness | <input type="checkbox"/> Other (Explain): _____ |

Supervisor's statement of violation: _____

Action Taken:

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Verbal warning |
| <input type="checkbox"/> | Written warning |
| <input type="checkbox"/> | Suspension (with/without pay) |
| <input type="checkbox"/> | Termination of employment |

If this is not the first time for counseling the employee, give the details and related prior instances of conduct?

What are the consequences if the conduct is repeated: _____

What is the employee's position or response to the incident: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Signing the corrective action form does not indicate that the employee agrees with the description, nor agreement with the proposed corrective action.