



**BETHUNE-COOKMAN UNIVERSITY
EMPLOYEE CORRECTIVE ACTION FORM**



Employee Name: _____ Date: _____

Department: _____ Job Title _____

Verbal Counseling _____ Verbal Warning _____ Written Warning _____

Give date, time, and place given _____

The above disciplinary action was taken against you for:

<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Misuse/Damage of University Property	<input type="checkbox"/> Negligence
<input type="checkbox"/> Leaving Work Area W/O Permission	<input type="checkbox"/> Failure to Complete Assigned Duties	<input type="checkbox"/> Poor Performance	
<input type="checkbox"/> Insubordination	<input type="checkbox"/> Use of Profane or Abusive Language	<input type="checkbox"/> Conduct Unbecoming	
<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Failure to Comply with Issued Directives	<input type="checkbox"/> Other	

Disciplinary Action: (Give a statement of the facts causing this action, including time and place, acts and names of persons involved)

Action Plan:

- 1) _____
- 2) _____
- 3) _____

I delivered a copy of this form to the subject employee on _____ Date

Employee's Signature Date

Supervisor's Signature Date

Manager's Signature Date

I am aware that a copy of this notice will be placed in my personnel file.