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:

____Absenteeism ____Tardiness ___Misuse/Damage of University Property ___Negligence

___Leaving Work Area W/O Permission ___Failure to Complete Assigned Duties ___Poor Performance

___Insubordination ___Use of Profane or Abusive Language ___Conduct Unbecoming

___Violation of Safety Rules ___Failure to Comply with Issued Directives ___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.

Revised 03/01/2013