**Corrective Action Notice**

|  |  |
| --- | --- |
| ​**Employee Name:** Click or tap here to enter text. | **Employee ID:** Click or tap here to enter text. |
| ​ **Job Title:** Click or tap here to enter text. | **Supervisor:** Click or tap here to enter text. |
| **​Division/Department:** Click or tap here to enter text. | **Date Issued:** Click or tap to enter a date. |
| **Date of Hire:** Click or tap to enter a date. | **Incident Date(s):** Click or tap to enter a date. |

|  |
| --- |
| **Corrective Action to be Taken:**[ ]  Verbal Warning [ ]  Written Warning [ ]  Final Warning [ ]  Suspension  |

**Category Issue or Violation**

[ ]  Tardiness [ ]  Attendance [ ]  Work Performance [ ]  Unprofessional Conduct

[ ]  Safety/Health [ ]  Personal Appearance/Dress Code [ ]  Other Policy Violation

 **The purpose of this Corrective Action Notice is to bring to your attention new or ongoing deficiencies in your conduct and/or performance. The intent is to make you aware of the seriousness of the situation so that you may take immediate corrective action. This Corrective Action Notice will be placed in your employee personnel file.**

|  |
| --- |
| **Expectations for Conduct or Performance:**  Click or tap here to enter text. |
| ​**Incident Details (Explanation of what happened & how conduct or performance is not meeting expectations):**Click or tap here to enter text. |
| **Relevant policy violated:** Click or tap here to enter text.  |
| **Prior discussion(s) or warning(s):** Click or tap here to enter text. |
| **Consequences of failure to improve performance or correct behavior:**Failure to improve performance or correct behavior will lead to further corrective action, up to and including termination.   |
| **Action Plan:** Click or tap here to enter text. |
| **Employee Comments:**  |

I acknowledge by my signature below that this corrective action has been discussed with me by my supervisor and that I have been given the opportunity to present my views and explanations. I am signing this document prior to it being placed in my employment record. I also understand the corrective actions taken by my supervisor and the consequences if my improvement is unsatisfactory or if I receive further corrective action notices.

 **Signatures:**

|  |  |
| --- | --- |
| Employee: | Date: |
| Witness (if applicable): | Date: |
| Manager:  | Date: |