

Corrective Action

Employee Name _____ Employee ID # _____

Job Title _____ Date _____

Supervisor Name _____ Store Number _____

Problem Or Code of Conduct Violation:(what policy / procedure was violated?)

<input type="checkbox"/> Tardiness/Absenteeism	<input type="checkbox"/> Safety/Security	<input type="checkbox"/> Other:- _____
<input type="checkbox"/> Cash Violation	<input type="checkbox"/> Falsification of records	_____
<input type="checkbox"/> Inappropriate Behavior	<input type="checkbox"/> Drugs/Alcohol	_____
<input type="checkbox"/> Uniform/Grooming Standards	<input type="checkbox"/> Insubordination	_____

Incident Occurred On

Date:- _____ MIC _____ Time(Shift) _____

Type Of Notice: Previous Corrective Action:-

Was Employee counseled before for a similar incident?

<input type="checkbox"/> Written	<input type="checkbox"/> No	<input type="checkbox"/> Verbal	Date _____
<input type="checkbox"/> Termination	<input type="checkbox"/> Yes . If So, When?	<input type="checkbox"/> Written	Date _____

Factors or Events:-(record the events leading to corrective action - facts only - and explain how policy was Violated)

Consequences of failure to improve:

☐ Future Violations may result in further disciplinary action up to and including termination.

Employee Comments

The above has been discussed with me by my manager and I understand that copy of this document will be placed in my Employee File.

Employee Signature _____ Witness Signature _____

Supervisor Signature _____