



Personnel

EMPLOYEE CORRECTIVE ACTION

Written by : Rich Powell

DCN : PH 410 R0

Approved by : Laura Olshefski



Employee Information

Employee Name _____ Date _____ / _____ / _____

Employee ID _____ Job Title _____

Manager/Supervisor _____ Department/Division _____

Type of Warning ☐ Verbal ☐ Written ☐ Suspension
☐ 1st offense ☐ 2nd offense ☐ 3rd offense ☐ 1 day ☐ 3 day ☐ 5 day
☐ Violation of INA policy
 Type of Offense ☐ Violation of safety rules ☐ Violation of company policies ☐ Substandard work ☐ Absenteeism
☐ Rudeness to customers or co-workers ☐ Tardiness or leave early ☐ Other _____

[Optional comment] _____

Description of Infraction

Plan for Improvement

Consequences of Further Infractions

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature *Date*

 Employee Printed Name

Manager/Supervisor Signature *Date*

 Manager/Supervisor Printed Name

Witness Signature (if employee understands warning but refuses to sign) *Date*

 Witness Printed Name