
CORRECTIVE ACTION FORM

This document is to be used exclusively for written warnings.

Associate Name

Discussion Date:

Associate ID#

Program:

Supervisor Name:

City/State or Store #:

Subject:

Prior Notifications (*if applicable*) Date:

Subject:

SPECIFIC DETAILS OF CURRENT CONDUCT OR PERFORMANCE ISSUE BEING ADDRESSED: *Please document specific dates and type of infraction. Only include factual information about the current conduct or performance issue being addressed.*

Policy Expectations

Required Improvement- Please include division specific expectations.

The purpose of this corrective action is to identify, correct, and prevent a future recurrence of the policy/procedure violation set forth above and to help you succeed in your position. Failure to demonstrate immediate and sustained improvement may result in further disciplinary action, up to and including termination of employment.

I will remain available to help you and discuss areas where you require additional support.

Associate Comments

By signing below, I acknowledge I have received and read the corrective action which is intended to remind me of important company policies and/or performance expectations and the consequences of my failure to satisfy them. I understand:

I am expected to comply with Advantage Solutions Inc. and its subsidiaries ("the Company") policies and procedures and to satisfy all job-related expectations, including without limitation, those set forth in this memo on an immediate and sustained basis. In accordance with the Company's Open-Door Policy, I may respond in writing to the communication without fear of retaliation. While my employment remains at-will, any failure to satisfy the expectations communicated here or elsewhere during the course of my employment could lead to disciplinary action up to and including immediate termination.

I agree, and it is my intent, to sign this document, Corrective Action Form, by handwriting my signature and date and/or by typing my name and date in the boxes below and by electronically submitting this document to the Company. I understand that my signing and submitting this document in an electronic fashion is the legal equivalent of having placed my handwritten signature on the submitted document.

Associate Signature

Date

Supervisor Signature

Date

If associate refused to sign, check this box and have another supervisor sign below as a witness.

Witness Name

Witness Signature

Date

Revision Date 10/2020