

Corrective Action Report

Employee Name:
Department:
Group:
Employee ID:

Start Date:
Position Title:
1st Level Manager:
1st Level Manager Title:

Type of Corrective or Disciplinary Action:

Code of conduct policies that have been violated:

Description of the infraction:

Plan for Improvement:

Consequences of Further Infractions:

APPROVAL OF CORRECTIVE ACTION REPORT

First Level Manager's Name and Signature:

Employee Name and Signature

Date

Second Level Manager's Name and Signature:

Employee Name and Signature

Date

Third Level Manager's Name and Signature

Employee Name and Signature

Date

Notice of Disciplinary Action

Date:

To:

From:

Thru:

Issued by:

Employee Name and Signature

Date

Received by:

Employee Name and Signature

Date

Witness (in the event that employee refuses to receive the NTE)

Employee Name and Signature

Date