



Employee Corrective Action Notice

Employee Name: _____ Date: _____

Position: _____ Department: _____

_____ Verbal Consultation _____ Written Warning _____ Final Warning _____ Termination

Description of the problem requiring improvement or correction (include specific dates & examples):

Specific changes in performance or behavior required and the time frame in which they must occur:

Date of follow-up review/evaluation of problem and correction: _____

Failure of employee to correct problem may result in further corrective action up to and including termination of employment.

Employee comments: _____

Your signature on this document is an acknowledgment that this matter has been discussed with you and you have reviewed this document prior to inclusion in your human resources file. Your signature is not an indication of agreement or disagreement of the issues discussed in this document.

Employee Signature: _____ Date: _____
(Not needed for Verbal Consultation)

Document if employee declines to comment or sign and obtain witness signature.

Supervisor Signature: _____ Date: _____

Witness Signature: _____ Date: _____