

CORRECTIVE ACTION FORM

Employee Name: _____ Title: _____

Employee ID: _____ Department/Program: _____ Date of This Action: _____

<u>Disciplinary Action</u>	<u>Prior Notifications:</u>		
	<u>Level of Discipline</u>	<u>Date</u>	<u>Reason</u>
<input type="checkbox"/> Written Reprimand <input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Final Warning <input type="checkbox"/> Termination	<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Reprimand <input type="checkbox"/> Suspension Without pay <input type="checkbox"/> Final Warning	_____ _____ _____ _____	_____ _____ _____ _____

Background Facts Supporting Reason(s) for Corrective Action

Outline details of what occurred to include time, place, date(s), as well as impact on the department and HEC.

Actions Necessary to Bring About Improvement

You are expected to: (list expectations with any specific directions or training that may be applicable)

Employee's Comments

Employee Acknowledgment

I have received a copy of this notification. It has been explained to me, and I have been advised to take the time to read it before I sign it. My signature acknowledges receipt of the notification, but not necessarily agreement with the statements made in it. I understand that the original of this corrective action form will be placed in my personnel file.

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

If employee refuses to sign:

Witness Signature: _____ Date: _____

Department Director: _____ Date: _____

HR Administrator

Date Received