

Employee Corrective Action Form

Employee Name:						Date:	
						Date.	
Job Title: Supervisor: Level of Corrective Action							
☐ Verbal Warning/Counseling ☐ Written Warning/Reprimand ☐ Suspension ☐ Termination							
Facts:		, <u> </u>				· F	
Objective:							
Solution(s):							
Action Taken:							
Comments:							
Re-evaluation meeting scheduled for							
Employee signature						Da	ate
Supervisor signature						Da	ate
Director of HR signature						Da	ate
A copy of this corrective action will be placed in your personnel file for reference.							

Supervisor Instructions

Guidelines for using the Corrective Action Form

When documenting corrective action, it is helpful to adhere to the following guidelines:

- <u>Facts</u> List only facts, not opinions. Give concrete examples, when possible, to document the incorrect behavior.
- Objectives What is the desired outcome? What do you expect? You may want to cite a portion of the job description or a policy.
- <u>Solutions</u> How do you suggest that he or she improves their performance? Does the employee have any suggestions? You may offer additional training, review of procedures, etc.
- <u>Action</u> Tell the employee in writing that he or she is receiving a warning, suspension, etc. and set a date to review his or her progress towards obtaining the goals set