



CORRECTIVE ACTION NOTIFICATION FORM

EMPLOYEE INFORMATION:

Employee Name: _____

Date: _____

Manager Name: _____

Employee ID: _____

WARNING TYPE:

Verbal

Written

Final

Suspension

Termination

TYPE OF VIOLATION:

Attendance	Violence	Safety	Drug/Alcohol Abuse	Job Abandonment
Performance	Language	Conduct	Quality of Work	Other (specify)
Harassment	Insubordination	Theft	Equipment Damage	

DETAILS:

1. **Description of Violation:** (include, dates, times, people involved, and other relevant **facts**)

2. **Plan for Improvement:** (include goals, addition training, plans for follow up, etc.)

Follow up Date: _____

3. **Employee Comments:** (this section to be completed by the employee)

4. **Further Action:** Any future violations of this policy or any other company policy or procedure will result in additional disciplinary action up to and including termination of employment.

CORRECTIVE ACTION HISTORY:

Date Corrective Action was Given	Level of Corrective Action	Reason for Corrective Action
	Verbal Warning	
	Written Warning	
	Final Warning	
	Suspension Dates	

ACKNOWLEDGEMENT:

Employee Signature*: _____

Date: _____

Manager Signature: _____

Date: _____

Witness Signature: _____

Date: _____

*By signing this form, you acknowledge that the conversation occurred and understand the contents of this warning. A copy of this document, signed or unsigned by the employee, will be filed in the employee personnel file.