

# Corrective Action Documentation

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

This form applies to (check one):

- Verbal warning   
  Written warning   
  Final warning   
  Suspension for \_\_\_ days   
  Termination

<p><b>Type of offense</b></p> <p> <input type="checkbox"/> Attendance issues                            <input type="checkbox"/> Violation of company policies                            <input type="checkbox"/> Substandard work  <input type="checkbox"/> Violation of safety rules                    <input type="checkbox"/> Rudeness to customers/colleagues  <input type="checkbox"/> Other:             </p>
<p><b>Facts, events, and dates leading to this counseling session:</b></p>
<p><b>Previous counseling dates(s) for above:</b></p>
<p><b>Expectations for performance improvement:</b></p>
<p><b>Improvement timeframe:</b></p>
<p><b>Action plan for performance improvement:</b></p>
<p><b>Outcome if improvements not made:</b></p>

Employee remarks:

***I acknowledge that all the above has been discussed with me and I understand the expectations on performance improvement within the specified timeframe. I understand that this agreement will be a part of my employee records and failure to comply with this agreement may result in further disciplinary action, up to and including termination.***

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date