



POSITIVE CORRECTIVE ACTION FORM

Employee Name _____ Date of Hire _____

Position _____ Date in Position _____

Supervisor Name _____ Department _____

PERFORMANCE CORRECTIVE ACTION:

[] Verbal Warning [] Written Warning [] Suspension [] Termination

PREVIOUS CORRECTIVE ACTION(S):

[] Verbal Warning (date) _____

[] Written Warning (date) _____

[] Suspension (date) _____

DESCRIPTION OF UNACCEPTABLE PERFORMANCE/MISCONDUCT: _____ DATE: _____

POSITIVE CORRECTIVE ACTION REQUIRED:

DESCRIBE TRAINING IF REQUIRED:

TIME FRAME: _____ Work Days Improvement By: _____

Feedback Session Scheduled for (date) _____ (time) _____

EMPLOYEE SIGNATURE _____ DATE _____ SUPERVISOR SIGNATURE _____ DATE _____

___ Copy to Employee ___ Copy to Employee Relations ___ Original to Employee File