Employee Corrective Action

☐ **VERBAL** ☐ **WRITTEN #___** ☐ **SUSPENSION ___days** ☐ **DISCHARGE**

Employee Name: _____ Dept.: _____ Incident Date: _____

Following are the reasons for which you are being counseled due to violations of an established policies and/or procedures

- ☐ Attendance/Tardiness
- ☐ Insubordination
- ☐ Improper use/destruction of property and/or equipment
- ☐ Reporting to work or working under the influence of drugs and/or alcohol
- ☐ Violation of other established work rules/regulations_____
- ☐ Other: _____

Detailed explanation of incident(s):

Further instances will result in:

Employee Comments:

_____

Employee Signature* ***Date*** ***Witness Signature***

*****Employee signature indicates that the corrective action described above has been discussed with the employee.***

_____

Supervisor Signature ***Date*** ***Printed Name***

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