

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** _____