



CORRECTIVE ACTION FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____ POSITION: _____

- WRITTEN WARNING
- FINAL WARNING
- SUSPENSION & REFERRED TO E.A.P.
- Unpaid for _____ Days (Dates: _____)
- Pending Investigation
- Attendance Related – Days Waived
- TERMINATION

DATE(S) OF EVENT: _____

REASON FOR ACTION: _____

PLAN TO CORRECT: _____

EMPLOYEE ASSISTANCE PROGRAM: (982-4980) Recommended Required

NOTE TO SUPERVISOR: *If you recommend or require E.A.P., please notify E.A.P. Consult with Human Resources before requiring E.A.P. If corrective action is less than suspension.*

PRIOR CORRECTIVE ACTION: _____

FUTURE ACTION IF PROBLEM CONTINUES: _____

***ELIGIBILITY FOR MERIT INCREASES AND TRANSFERS OR PROMOTIONS MAY BE AFFECTED BY THIS ACTION
FAILURE TO CORRECT THIS PROBLEM MAY RESULT IN FURTHER ACTION UP TO AND INCLUDING TERMINATION***

SUPERVISOR SIGNATURE: _____ DATE: _____

EMPLOYEE COMMENTS: _____

***EMPLOYEE SIGNATURE ACKNOWLEDGES RECEIPT, NOT NECESSARILY AGREEMENT.
THIS ACTION MAY BE REVIEWED THROUGH THE GRIEVANCE PROCESS.
REFER TO HANDBOOK OR CONTACT HUMAN RESOURCES FOR ASSISTANCE.***

EMPLOYEE SIGNATURE: _____ DATE: _____

White: PERSONNEL FILE Yellow: SUPERVISOR Pink: EMPLOYEE