McLaren Business Products

McLaren Print System Order

Order No: 84273
Order Date: 2024-04-03
User: Jenna Pabst
Phone: 810-989-3108

Ship Location: McLaren Port Huron Attn: Human Resources
1221 Pine Grove Ave
Port Huron, MI 48060
Forms
Quantity: 500
Paragon Dept No: 16300
Dept Name: Human Resources
Company Number: 480

Order Total Price: 96.00

Item Number: MPH-60
Item Description: Corrective Action Form
Revision Date: 04/2024
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Poster:
Misc Info: SS, Black, 3 Part

Spec Info:

McLaren
PORT HURON

CORRECTIVE ACTION FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____ POSITION: _____

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

DATE(S) OF EVENT: _____

REASON FOR ACTION: _____

PLAN TO CORRECT: _____

EMPLOYEE ASSISTANCE PROGRAM: (902-4988) ☐ 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: _____

CORRECTIVE 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