



Employee Corrective Action Form

Employee Name:		Date:	
Job Title:		Supervisor:	
Level of Corrective Action			
<input type="checkbox"/> Verbal Warning/Counseling <input type="checkbox"/> Written Warning/Reprimand <input type="checkbox"/> Suspension <input type="checkbox"/> Termination			
Facts:			
Objective:			
Solution(s):			
Action Taken:			
Comments:			
Re-evaluation meeting scheduled for			
Employee signature		Date	
Supervisor signature		Date	
Director of HR signature		Date	
A copy of this corrective action will be placed in your personnel file for reference.			