

Corrective Action Plan

Employee Name:	Date:
Job Title/ Dept.:	Supervisor:
Level of Corrective Action <input type="checkbox"/> Verbal Warning/ Counseling <input type="checkbox"/> Written Warning (<i>Previous Corrective Actions:</i> _____) <input type="checkbox"/> Termination	
Problem/ Issue: (<i>Please state the issue in which the employee is being given a corrective action for, address the section in the handbook in which the employee is violating</i>) 	
Facts: (<i>Please describe the specific incident in which the employee is being given a corrective action</i>) 	
Objective: (<i>Please describe the performance change you are expecting the employee to have by receiving this corrective action</i>) 	
Comments: (<i>This is where the employee may make comments in regards to this corrective action plan</i>) 	
Re-Evaluation meeting scheduled for	
<p><i>Signing this statement does not necessarily mean that I agree, it simply indicates acknowledgement that this document was reviewed with me. I understand that acknowledging this discipline does not constitute a contract, and does not change my employee-at-will status. The company reserves its right to skip progressive discipline steps and go directly to termination at its discretion.</i></p> <p><i>I understand that either failure to improve my performance/behavior or additional incidence/s of any unsatisfactory performance or behavior may result in further corrective action up to and including termination.</i></p>	
Employee Signature:	Date:
Supervisors Signature:	Date:
Human Resources Signature:	Date:
<i>A copy of this corrective action will be placed in your personnel file for reference.</i>	