

Employee Corrective Action Form



Date of Report:

Employee Name:

Company Name:

Job Title:

Date of Occurrence:

Corrective Action Step:

- Written Warning
- Final Written Warning
- Termination of Employment

Reason for Action:

- Unsatisfactory Performance
- Violation of Policy
- Other:

Section 1: Reason for Corrective Action

Section 2: Action Necessary to Avoid Further Corrective Action

Section 3: Supervisor's Support

Has the Employee Assistance Program (EAP) "NexGen-eni", phone number 1-800-327-2255, been provided to employee?

- Yes No

Section 4: Consequences

Should the violation of policy or unsatisfactory performance continue, you may be subject to further corrective action up to and including termination.

Employee Remarks:

My signature below acknowledges receipt of this corrective action. I understand that an additional infraction may result in further corrective action up to and including termination of employment.

Employee Signature

Date

Manager/ Supervisor Signature

Date

Executive Director/Designee Signature

Date

Employee Refused to Sign

Witness Signature

Date

Original to Personnel File; Copy to Employee; Copy to Pinnacle