

## EMPLOYEE CORRECTIVE ACTION NOTICE

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Employee Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Manager: \_\_\_\_\_ Date of Notice: \_\_\_\_\_

### TYPE OF CORRECTIVE ACTION:

- ☐ Warning  
☐ Suspension:    ☐ With Pay    ☐ Without Pay  
☐ Termination

### REASON FOR CORRECTIVE ACTION: (Policy violation, attendance, conduct, etc.):

### DETAILS: Provide attendance, conduct and/or policy and/or procedure violation. Include date(s):

*Continued on next page*

CHANGES THAT MUST OCCUR: Provide a list of expectations, completion dates, etc.:

CONSEQUENCES FOR FAILURE TO MEET EXPECTATIONS:

Failure to meet or exceed the job expectations and responsibilities set forth by Management, or failure to follow any of the above directions or any Company policies and procedures will result in further disciplinary action, up to, and in all likelihood, termination of employment.

ACKNOWLEDGEMENT OF RECEIPT:

By signing this form, you confirm that you understand the information in this notice. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not indicate you agree with this warning.

EMPLOYEE COMMENTS: Voluntary. Or, comments may be attached on a separate piece of paper.

☐ I have read and understand this Corrective Action Notice

Employee Signature

Date

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Manager Signature

Date

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