

# CORRECTIVE ACTION / DISCIPLINE RECORD

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Use this form to record when an employee is separated from employment or counseled a problem or incident. Use back or blank sheet if needed.

Check as applicable: ( ) Separation Notice ( ) Counseling ( ) Suspension / Decision Day

**PROBLEM OR INCIDENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

**EMPLOYEE'S RESPONSE OR ACTION PLAN** (Please attach additional documentation if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

This form may be used for any level of corrective action or discipline including separation from employment. It does not imply or guarantee that progressive levels of corrective action or discipline will be followed.

I understand that where applicable I have the right to appeal through the formal problem solving procedures. My signature indicates I have received a copy of or offered a copy of this form.

X \_\_\_\_\_

\_\_\_\_\_

Employee

Date