



EMPLOYEE CORRECTIVE ACTION PLAN
Unsatisfactory Job Performance

Employee Name: _____
 Job title: _____
 Supervisor: _____
 Date: _____

Level of Corrective Action			
Verbal Warning	Written Warning	Suspension (w/out pay)	Discharge

Purpose of Notification:

1. State the fact(s)
2. State the policy violated

Relevant past occurrences and active disciplinary actions:

1. Occurrence 1 (verbal)
2. Occurrence 2 (verbal)
3. Occurrence 3 (generally third occurrence result in written warning)

Incident(s) resulting in disciplinary action:

1. Incident 1 – In this section, generally past verbal occurrence would have happened and/or identified and resolved. *Keep in mind, a no show with three follow-ups, are grounds for discharge.

Required corrections and timeline for correction:

Note the action plan and timeline to correct

Consequences of failure to make required corrections:

If you fail to sustain these corrections, further disciplinary action will be put in place, up to and including dismissal.

Re-evaluation meeting scheduled for: _____

EMPLOYEE ACKNOWLEDGEMENT

I, _____, acknowledge that I have receive this disciplinary notice and have discussed these concerns with my supervisor.

Employee signature:		Date:	
Supervisor signature:		Date:	
Executive Director signature:		Date:	
HR signature:		Date:	

Records Retention & Access to records - A copy of this notification will be kept in your personnel files