



HR Policy 5.01

**CORRECTIVE ACTION RECORD**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Hire date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Type of Action (check below):

- First Warning     Written Warning     Final Warning     EAN Referral
- Termination     Suspension
- (requires HR & VP approval)*    *(requires VP approval)*    *(for HR use only)*

Dates of previous Corrective Actions (if applicable): \_\_\_\_\_

Description of behavior or performance concern (dates, incidents, policy violations):

\_\_\_\_\_

Corrective Action required (outlining expected change problem and time frame): \_\_\_\_\_

Consequences (indicating action to be taken if no improvement): Any further policy violation can result in corrective action up to and including termination.

Follow-up conference date (if applicable): \_\_\_\_\_

Staff Member comments: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (if necessary): \_\_\_\_\_ Date: \_\_\_\_\_

Vice President (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

*HR Rep encouraged to be present for final warnings; required at terminations*

*Final warnings/terminations require VP signature*

**Route completed form to Human Resources**