

# Employee Corrective Action

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VERBAL     WRITTEN # \_\_\_\_     SUSPENSION \_\_\_\_days     DISCHARGE

Employee Name: [Click here to enter text.](#) Dept.: [Click here to enter text.](#) Incident Date: [Click here to enter text.](#)

**Following are the reasons for which you are being counseled due to violations of an established policies and/or procedures**

- Attendance/Tardiness
- Insubordination
- Improper use/destruction of property and/or equipment
- Reporting to work or working under the influence of drugs and/or alcohol
- Violation of other established work rules/regulations [Click here to enter text.](#)
- Other: [Click here to enter text.](#)

**Detailed explanation of incident(s):** [Click here to enter text.](#)

**Further instances will result in:** [Click here to enter text.](#)

**Employee Comments:**

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**Employee Signature\***

**Date**

**Witness Signature**

\*Employee signature indicates that the corrective action described above has been discussed with the employee.

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**Supervisor Signature**

**Date**

**Printed Name**