



## Delta Administrative Services

### Corrective Action Form

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

Employee Name & SS#: \_\_\_\_\_

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

#### Level of Corrective Action:

☐ Verbal /Counseling ☐ Written Warning ☐ Suspension ☐ Termination  
(Employer reserves the right to skip any level of corrective action listed above)

Problem: Please use the back of this form if more lines are needed

Facts: \_\_\_\_\_

\_\_\_\_\_

Objective: \_\_\_\_\_

\_\_\_\_\_

Solution(s): \_\_\_\_\_

\_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Re-evaluation meeting scheduled for \_\_\_\_\_

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this corrective action will be placed in your personnel file for reference. Fax this form to your DAS Representative at (504) 833-5296 or e-mail [timesheets@deltapeo.com](mailto:timesheets@deltapeo.com)