



Raymondville Independent School District

419 FM 3168, Raymondville, Texas 78580

Phone: (956) 689-8178 ext. 4115 • FAX: (956) 689-8189 – Human Resource Office

CORRECTIVE ACTION FORM – PROFESSIONAL PERSONNEL

Please check one of the following:

☐ Verbal Warning

☐ 2nd Written Warning

☐ 1st Written Warning

☐ Recommendation for Termination

Employee Name: _____ Campus/Dept: _____

Position Title: _____ Date: _____

Describe incident that occurred. Include date(s), people involved and effects on the employee's work or other employees (attach additional details and/or documentation if necessary).

Recommendation/Corrective Measures (type response):

Consequences if employee behavior doesn't improve:

Employee's Comments (type response):

Must have hand-written signatures. Please print and sign form.

Employee's signature *

Date

Supervisor's signature

Date

Witness signature

Date

*Signature does not necessarily signify concurrence but rather that the above was reviewed by the employee. Employee has the right to submit his/her rebuttal within 10 days of receipt.

A copy of this report will be placed in your personnel file and will be considered in the future concerning your employment status with the district. Failure to improve the above area(s) as indicated may result in further disciplinary action including termination of employment.

Copy To:

☐ Employee ☐ Supervisor ☐ Human Resources ☐ Dept/Campus File