

NKU Corrective Action Form

Employee:		Warning delivered on:
Employee's Title:		Effective Date of Warning:
Department:		Supervisor:
1. Level of Warning: Please check one <ul style="list-style-type: none"> <input type="radio"/> Verbal Warning <input type="radio"/> Written Warning <input type="radio"/> Final Written Warning <input type="radio"/> Suspension <input type="radio"/> Recommendation for discharge 	2. Length of Warning: Please check one <ul style="list-style-type: none"> <input type="radio"/> 3 Months <input type="radio"/> 6 Months <input type="radio"/> 12 months <input type="radio"/> Other 	3. Reason(s) for this warning: Please check one <ul style="list-style-type: none"> <input type="radio"/> Under investigation <input type="radio"/> Policy Violation/Substandard job performance –(specify below) <input type="radio"/> Excessive absenteeism and/or tardiness –(specify below) <input type="radio"/> Violation of Safety Policy

4. With specific examples, describe the employee's unsatisfactory performance/behavior.

5. Action Plan (If appropriate, describe the steps the employee must take to correct the performance/behavior.

6. Follow-up Plan (Describe how you will review the employee's performance/behavior during the warning period

7. Previous Related Corrective Action (Describe the type, reason(s) and dates of any corrective actions taken within the past 12 month).

Immediate Supervisor/Manager

Date

Next Level/HR Representative

Date

Employee Comments: (optional)

I acknowledge that the above unsatisfactory performance/behavior **has been discussed with me**. I understand that either failure to improve my performance/behavior or additional incidence/s of any unsatisfactory performance or behavior may result in further corrective action up to and including recommendation for termination. I also understand that I am not eligible for transfer while on any Written Warning and this warning may have an adverse affect on future salary increases. If I believe this corrective action to be unjustified, I can access the Grievance procedure by contacting Human Resources. My signature below does not imply that I agree with the action taken.

Signatures:

Employee Signature

Date