

# Corrective Action Form for Employee

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

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Nature of Issue:

(Check all that apply)

- Performance
- Attendance
- Conduct
- Policy Violation
- Other: \_\_\_\_\_

Details of the Issue:

Provide a detailed description of the problem, including dates and specific behaviors.

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Previous Warnings Issued:

- Verbal Warning
- Written Warning
- Suspension
- Other: \_\_\_\_\_

Corrective Action Plan

Action Required	Responsible Party	Due Date	Outcome

**Employee Commitment**

I, \_\_\_\_\_, acknowledge this corrective action plan and commit to the specified improvements.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Date: \_\_\_\_\_