|  |  |
| --- | --- |
| Today’s Date: |  |
| Employee Name: |  |
| Position: |  | Date of Hire: |  |
| Date of Incident: |  | Time of Incident: |  |
|  |  |  |  |
| **Nature of Incident:** |
|  |  |  |  |
| [ ]  Unreported and/or excessive absences | [ ]  Harassment of any type: sexual, psychological, etc. |
| [ ]  Unexcused tardiness | [ ]  Theft |
| [ ]  Drinking/drugs while on duty | [ ]  Substandard work performance |
| [ ]  Reporting under influence of drugs or alcohol | [ ]  Destruction of company property |
| [ ]  Dishonesty | [ ]  Improper and/or unprofessional conduct |
| [ ]  Lack of cooperation/teamwork | [ ]  Carelessness |
| [ ]  Failure to follow instructions/company protocols | [ ]  Violation of safety rules |
| [ ]  Threatening or engaging in violence on Company premises | [ ]  Violation of company rules/conduct |
| [ ]  Leaving before the end of the shift without permission | [ ]  Other: |  |

**Statement of all facts related to the above incident(s) or reason for counseling/corrective action.**

**If additional space is required, please attach a separate sheet.**

|  |  |
| --- | --- |
|  |  |
| **Witnesses:** |  |

**Has this concern been previously discussed with the employee? List any previous counseling/corrective actions:**

|  |  |
| --- | --- |
|  |  |

**Expected level of performance**

|  |  |
| --- | --- |
|  |  |
| **Counseling/Corrective Action Taken:** | **Timetable for Improvement:** | **Consequences of failure to improve:** |
| [ ]  Verbal Warning | [ ]  Immediate | [ ]  Discipline up to & including termination |
| [ ]  Written Warning \_\_\_1st \_\_\_2nd  | [ ]  30 Days | [ ]  Suspension |
| [ ]  Final Written Warning | [ ]  60 Days | [ ]  Immediate Termination |
| [ ]  Extension of Introductory Period | [ ]  Other: |  |  |
| [ ]  Suspension: From\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_ |  |  |
| [ ]  Termination: Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| [ ]  Other:  |  |  |  |

**Corrective Action Plan:**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

|  |  |
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| **Follow up Review Date:** |  |

**Employee’s Comments. If additional space is required, please attach a separate sheet.**

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| **Supervisor/Executive Director’s Acknowledgement:** |
| I have investigated the circumstances surrounding this report and have verified to the best of my knowledge and believe that the action taken is within Company policy, and that the information is factual. |
| Supervisor’s Signature: |  | Date: |  |
|  |  |  |  |
| Executive Director’s Signature: |  | Date: |  |
|  |  |  |  |
| **Employee Acknowledgement:** |
| My signature indicates that I have received a copy of this report and that I have been given an opportunity to discuss it with my supervisor or Executive Director. I understand that my signature indicates acknowledgement of having been counseled and/or warned and does not necessarily indicate my agreement with my supervisor’s statements. |
| Employee Signature: |  | Date: |  |
|  |  |  |  |
| **If employee refuses to sign, please provide a witness signature:** |
|  |  |  |  |
| Witness Signature: |  | Date: |  |
|  |  |  |  |

[ ]  Original to Personnel File [ ]  Copy to Employee [ ]  Copy to supervisor