



CORRECTIVE ACTION NOTICE
(RETURN NOTICE TO HUMAN RESOURCES)

EMPLOYEE		DATE
DEPARTMENT	SUPERVISOR	SHIFT

CURRENT ACTION	
<input type="checkbox"/>	WRITTEN WARNING
<input type="checkbox"/>	SUSPENSION
	RETURN DATE
<input type="checkbox"/>	DECISION LEAVE
	RETURN DATE
SELECT ONE OF THE FOLLOWING	
<input type="checkbox"/>	WITH PAY
<input type="checkbox"/>	WITHOUT PAY
<input type="checkbox"/>	TERMINATION
<input type="checkbox"/>	OTHER (LIMIT OVERLOAD/ PERFORMANCE IMPROVEMENT PLAN)

PRIOR ACTION	DATE
<input type="checkbox"/>	1. VERBAL WARNING
<input type="checkbox"/>	2. WRITTEN WARNING
<input type="checkbox"/>	3. SUSPENSION

DETAILS (WHO, WHAT, WHEN, WHY, HOW, WHERE)						
CORRECTION(S) REQUIRED OF INDIVIDUAL						
TIME FRAME						
ACTION TO BE TAKEN IF ISSUE IS NOT CORRECTED	<input type="checkbox"/>	SUSPENSION	<input type="checkbox"/>	TERMINATION	<input type="checkbox"/>	OTHER
EMPLOYEE COMMENTS						

SIGNATURES (Signature does not represent agreement, but acknowledges that the issue has been discussed.)

SUPERVISOR	DATE	EMPLOYEE	DATE
HR DIRECTOR	DATE	UNION REP	DATE