

**CORRECTIVE ACTION NOTICE**

Employee \_\_\_\_\_ Program \_\_\_\_\_

Written Warning [ ]      Suspension [ ]      Termination [ ]      Demotion [ ]

1. Statement of the problem: (violation of rules, policies, standards, practices, or unsatisfactory performance).  
\_\_\_\_\_  
\_\_\_\_\_
2. Prior discussion or warnings on this subject: (oral, written, dates)  
\_\_\_\_\_  
\_\_\_\_\_
3. Statement of company policy on this subject.  
\_\_\_\_\_  
\_\_\_\_\_
4. Summary of corrective action to be taken (include dates for improvement and plans for follow-up):  
\_\_\_\_\_  
\_\_\_\_\_
5. Consequences of failure to improve performance or correct behavior:  
\_\_\_\_\_  
\_\_\_\_\_
6. Employee comments:  
\_\_\_\_\_  
\_\_\_\_\_

(continue on reverse if necessary)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Executive Director Approval

\_\_\_\_\_  
Date

Distribution: Original to personnel file and one copy to employee.