

# Lowden & Associates

## EMPLOYEE CORRECTIVE ACTION FORM

EMPLOYEE INFORMATION			
Name Of Employee:		Today's Date:	
Job Title:		Hire Date::	
Previous Incident Date:		Incident Type:	<input type="checkbox"/> Job Performance <input type="checkbox"/> Behavior
Incident Summary:			
Type of Coaching:	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Final		
Action Taken:	<input type="checkbox"/> No Suspension <input type="checkbox"/> Suspension/Paid Status <input type="checkbox"/> Suspension/No Pay Status		
CURRENT INCIDENT			
Current Incident Date:		Incident Type:	<input type="checkbox"/> Job Performance <input type="checkbox"/> Behavior
Incident Summary:			
Type of Coaching:	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Final		
Action Taken:	<input type="checkbox"/> No Suspension <input type="checkbox"/> Suspension/Paid Status <input type="checkbox"/> Suspension/No Pay Status		

Goals and Time Frame For Improvement:	
Follow-up/Review Date:	
Consequences:	
Employee Comments:	

SIGNATURES:	PRINTED NAME	SIGNATURE	DATE
Supervisor:		X	
Manager:		X	
<b>Review with Human Resources before communication with employee.</b>			
Human Resources:			
<b>I understand that my signature indicates only that this incident was reviewed with me, and does not indicate agreement or disagreement with the action taken.</b>			
Employee:		X	
<b>Decision of Review Panel ( Required Prior to Termination Action )</b>			
Reviewer 1		X	
Reviewer 2		X	