

CORRECTIVE ACTION AND DOCUMENTATION

Employee Name

Employee ID#

Job Title

Date

Supervisor's Name

Store number

Problem or Code of Conduct Violation: (what policy/procedure was violated?)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Tardiness/Absenteeism | <input type="checkbox"/> Safety/Security _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cash Violation | <input type="checkbox"/> Falsification of records | |
| <input type="checkbox"/> Inappropriate Behavior | <input type="checkbox"/> Drugs/Alcohol | |
| <input type="checkbox"/> Uniform/Grooming Standards | <input type="checkbox"/> Insubordination | |

Incident Occurred On:

Date Shift (Time)

Type of Notice:

- Written First Second Final
 Termination

Previous Corrective Action:

Was employee counseled before for a similar incident?
 No.
 Yes. If so, when? Verbal Date(s) _____
 Written Date(s) _____

Factors or Events: (record the events leading to corrective action—facts only—and explain how the policy was violated)

Improvement Required and Time Allowed: (state what the employee must do to improve and by when)

Consequences of Failure to Improve:

- Future violations may result in further disciplinary action up to and including termination.

Employee Comments:

The above has been discussed with me by my manager and I understand that a copy of this document will be placed in my employee file.

Employee Signature

Date

Supervisor Signature

Date

Witness Signature (If needed)

Date