

CORRECTIVE DISCIPLINE NOTICE

Employee Name:	Job Title:
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Department:	Date:
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DISCIPLINARY ACTION

Verbal Warning Written Warning Suspension With Pay
 Suspension Without Pay Other _____

Nature of Violation

() Poor Job Performance () Tardiness () Absenteeism () Insubordination	() Violation of Company Policy _____ () Failure to Follow Established Procedure () Other: _____
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Date(s) of Infraction:

Details of Incident (briefly describe what happened, place, people involved):

Corrective Action:

Supervisor Signature:	Date:
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Witness Signature:	Date:
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I understand that if another incident occurs, I could be subject to further disciplinary action, up to and including termination.

I have read this notice and understand that signing this form means only that I acknowledge receiving it and that I do not necessarily agree with the contents. I am aware that failure to sign this form could result in disciplinary action, up to and including termination.

I agree with the above warning I disagree with the above warning

Employee Signature:	Date:
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Employee Comments: