

# CORRECTIVE ACTION REPORT

\_\_\_\_\_  
CLIENT COMPANY  
LOCATION

\_\_\_\_\_  
EMPLOYEE'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
TIME

## 1. Reason for corrective counseling:

- ATTENDANCE       CARELESSNESS       DOES NOT FOLLOW POLICY  
 TARDINESS       WORK QUALITY/QUANTITY       DOES NOT FOLLOW PROCEDURE  
 OTHER: \_\_\_\_\_

DESCRIBE FACTS IN DETAIL:

## 2. Possible consequences if performance and behavior are not corrected:

- TERMINATION       LOSS OF POSITION       OTHER: PLEASE EXPLAIN

## 3. To avoid the consequences of further discipline, the employee must take the following action: (Explain in specific detail so the employee can measure their progress.)

## 4. Date the required performance must be accomplished by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

I acknowledge that I have received a copy of this report:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Employee is encouraged to make any comments on a separate attached sheet.