

# CORRECTIVE ACTION FORM

Completed by Supervisor Issuing Pre-Disciplinary Notice

Employee Name:	Date:
Supervisor Completing Form:	Program/Site:
Date/Time/Location of Pre-Disciplinary Meeting:	
Date Corrective Action was Issued:	
Type of Corrective Action: <u>Written Warning</u>	Length (if suspension):

Description of circumstances leading to pre-disciplinary meeting: \_\_\_\_\_ drove in excess of the speed limit while dropping off two individuals at golf. \_\_\_\_\_ then did not pick them up at the time the practice was over. The individuals were picked up by their parents forty minutes after the practice was over.

**Attendance**

*Choose an item.*

**Mistreatment**

*Choose an item.*

**Policy Violations**

*Choose an item.*

**Safety**

*Safe Transportation Procedure*

**Failure to complete Job Duties**

*Choose an item.*

Has there been previous corrective action in this same area? *Choose an item.*

DATE	INFRACTION	TYPE OF CORRECTIVE ACTION

**Corrective Action Plan:**

Employee Action	Timeframe for Completion	Measure of Completion
_____ will not display any unsafe procedures while driving.	<u>Ongoing</u>	<u>No more corrective action in the area of safety.</u>

**Failure to comply with the above Corrective Action Plan will result in:**

\_\_\_\_\_  
Supervisor Signature Title Date

\_\_\_\_\_  
Employee Signature Title Date

\_\_\_\_\_  
Union Representative Signature (if present) Title Date

Received and Recorded in Internal System:

\_\_\_\_\_  
Employee Services Representative Signature Title Date