

DATE: \_\_\_\_\_

## Employee Corrective Action Form

[Business Information]

### Employee Information

Employee Name	
Job Title	
Department	
Employee ID	
Date	

### Type of Action

☐ Verbal Warning   ☐ Written Warning   ☐ Final Warning

#### 1. What Happened?

*Describe the issue using objective, fact-based language. Include what occurred, when, and where.*


#### 2. Policy or Expectation Not Met

*Identify the specific company policy or expectation that was not met.*


#### 3. Business Impact

*Explain how this issue affected operations, team performance, or customers.*


#### 4. Previous Conversations or Warnings

☐ No previous issues   ☐ Verbal Warning   ☐ Written Warning

*Include dates or notes if applicable.*

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#### 5. Expectations Moving Forward

*Clearly define what must change. Be specific and measurable.*


## 6. Support Provided

List any support, training, or resources provided to the employee.


## 7. Consequences if Not Improved

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## 8. Manager Notes (Optional)

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## Acknowledgment

Signature confirms receipt, not agreement.

Role	Signature	Date
Employee		
Manager		

This document is intended as a structured documentation tool and should be used in alignment with company policy and applicable laws. Organizations should review for compliance with local, state, and federal requirements. Consistent and objective documentation supports fair and defensible employment decisions.