

CORRECTIVE DISCIPLINE/COUNSELING NOTICE

Employee Name:	Job Title:
Department:	Date:
DISCIPLINARY ACTION	
<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning <input type="checkbox"/> Suspension With Pay <input type="checkbox"/> Suspension Without Pay <input type="checkbox"/> Other _____	
<i>Nature of Violation</i>	
() Violation of Company Policy _____ Explain:	
Date(s) of Infraction:	
Details of Incident (briefly describe what happened, place, people/witnesses involved):	
Corrective Action:	
Supervisor Signature:	Date:
Witness Signature:	Date:
<p>I understand that if another incident occurs, I could be subject to further disciplinary action, up to and including termination.</p> <p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> I agree with the above warning <input type="checkbox"/> I disagree with the above warning </p>	
Employee Comments:	
Employee Signature (Employee must sign):	Date:

(Please attach additional sheets if necessary)