



EMPLOYEE CORRECTIVE ACTION FORM

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the Albion College Progressive Disciplinary Procedures. When completed, it serves as a written record of corrective counseling conducted with an employee pertaining to violation of one or more Albion College rules.

Employee Name: _____ Date: _____

Job Title: _____ Department: _____

Supervisor: _____ Title: _____

Which form of counseling or corrective action applies?

- Verbal Counseling
- Written Counseling
- Suspension From _____ To _____ Paid Unpaid
- Suspension pending discharge Effective Date _____

Facts and Events Leading to the Discussion (includes dates when applicable):

Concerns/Issues/Policies/Procedures Discussed:

Why a Concern:

Action Steps for Improvement (if applicable):

Follow up (if applicable) to occur: 30days 60 days

Other: _____

(OVER)

Previous Counseling?		
No	Yes	If yes, provide brief description include dates and policies:

Consequences for failure to improve or repeated actions:

<input type="checkbox"/>	Further Disciplinary Action
<input type="checkbox"/>	Dismissal Will Be Recommended
<input type="checkbox"/>	Other: <input type="text"/>

Signatures:

Print Supervisor **Sign** **Date**

Print Representative (if present) **Sign** **Date**

Print Human Resources (if present) **Sign** **Date**

To the employee: This written record of corrective action is being issued based on your violation of one or more Albion College policies/procedures or for poor performance. This report will remain in your employee personnel file. You are being provided a copy of this Corrective Action Counseling Form. You have the right to appeal this action.

The employee's signature indicates he or she has seen this report and that the contents have been reviewed with him or her.

Employee Comments (optional)

Employee **Date**