

# CORRECTIVE ACTION FORM

Employee Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Conversation: \_\_\_\_\_

Position: \_\_\_\_\_

## ACTION

- Verbal Warning       Warning       Final Warning  
 Suspension       Termination

## Identify Problem Performance or Unacceptable Behavior\*

### Unacceptable Behaviors

- Harassment/Discrimination  
 Insubordination  
 Intentional damage to company property  
 Possessing or reporting to work under the influence of alcohol or drugs  
 Absenteeism or tardiness  
 Falsification of company documents  
 Non-compliance with dress code (including name badge)  
 Other (describe below)

### Problem Performance

- Unsatisfactory performance  
 Unsatisfactory guest service

\* This list is not inclusive of all behaviors/situations that could lead to corrective action, up to and including separation.

**Detailed description of current incident:** (Include dates, locations, etc.)

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**Previous action taken to resolve issue:**

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**Changes necessary to resolve issue:**

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**Attachments (if required):**

Action Plan

Additional Explanation

No Attachments

**Employee's Comments:**

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The leadership team and Human Resources is available to assist you in accomplishing the goals and/or improvements as outlined above. However, if you are unable to improve your performance or your behavior remains unchanged, further counseling up to and including separation of employment may occur.

By signing below, you only acknowledge your review and understanding of the statements contained in this document. If you wish to add any further comments on your own, you may use another sheet of paper.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_