

Corrective Counseling Form

Employee Name: _____

Date: _____

Nature of Issues or Violations	Action Taken
<input type="checkbox"/> Attendance	<input type="checkbox"/> Verbal Warning
<input type="checkbox"/> Safety	<input type="checkbox"/> Written Warning
<input type="checkbox"/> Job Performance	<input type="checkbox"/> Termination
<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____

Issues & Violations: _____

Action Steps for Improvement: _____

Employee Comments: _____

Follow-Up: 30 Days 60 Days Days

Improvement required within _____ days.

Supervisor _____ Date _____

Date _____

Employee	Date
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Date _____