



Corrective Counseling Form Example

Employee Name: _____

Date: _____

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

Action Steps for Improvement: _____

Employee Comments: _____

Follow-Up: ___ 30 Days ___ 60 Days _____ Days

Improvement required within _____ days.

Supervisor

Date

Employee

Date