



# Corrective Action Form

(Non-Bargaining, Teamsters & Fire)

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_  
Job Classification: \_\_\_\_\_  
Department: \_\_\_\_\_  
Work Unit: \_\_\_\_\_  
Date of Discussion: \_\_\_\_\_

## ISSUE (EMPLOYMENT OR POLICY VIOLATED):

## POINTS TO COVER:

Prior Disciplinary actions?:  No  Yes

If Yes – Date & Violation:

Other points:

**EXPECTED IMPROVEMENT/SUGGESTIONS FOR IMPROVEMENT/TIMEFRAME:**

**CONSEQUENCES IF IMPROVEMENT DOES NOT OCCUR:**

Continued violations of this type will result in further discipline up to and including termination of your employment.

**EMPLOYEE COMMENTS:**

**ACTION BEING TAKEN:**

Oral Warning/Reprimand

\*Written Warning/Reprimand

\*\*Suspension for \_\_\_\_\_ working days, from \_\_\_\_\_ through \_\_\_\_\_.

Return at scheduled starting time on \_\_\_\_\_.

\*\*Transfer/Demotion

\*\*\*Discharge

\*Requires coordination/consultation with Human Resources

\*\*Requires the approval of the Department Head and coordination/consultation with Human Resources. If more than 8 hours or one shift suspension, approval of the City Administrator is required.

\*\*\*Requires the approval of the Department Head and City Administrator and coordination/consultation with Human Resources.

**THIS DOCUMENT**

All Original Documents should be routed to Human Resources for placement into the employee's personnel file.

Copies should be made for the Employee, Supervisor and Union (if applicable).

**SIGNATURES**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

*(This is to certify that I have been given a copy. My signature does not imply agreement)*

Supervisor  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional  
Persons(s)  
present during  
discussion: \_\_\_\_\_ Date: \_\_\_\_\_

Department  
Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human  
Resources  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_