

Vernon College

Corrective Action Report

Date: _____

Employee Name: _____

Job Title: _____

Department: _____

Date and Time of Incident: _____

Date and Time of Supervisor/Employee Conference: _____

Action Applied:

- _____ **Verbal Correction**
- _____ **Written Warning/Probation**
- _____ **Written Final Warning**
- _____ **Recommendation for Termination**

Facts: _____

Steps to be taken to correct/eliminate problem: _____

Comments/Rebuttal: _____

Employee Signature: _____

Supervisor Signature: _____

Scheduled Review Date: _____

Copy to employee and copy to Human Resources. Received by HR _____

Review: _____

Employee Signature: _____

Supervisor Signature: _____

Copy to employee and copy to Human Resources. Received by HR _____