

Alfred University

HUMAN RESOURCES & PAYROLL SERVICES

EMPLOYEE CORRECTIVE ACTION REPORT

EMPLOYEE NAME:	
DEPARTMENT:	JOB TITLE:

Corrective Action:

<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Final Written Warning	<input type="checkbox"/> Termination
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Suspension Day(s):

From:	To:
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Incident:

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History of Corrective Action:	Has Employee Been Previously Counseled or Disciplined for Same/Similar Reason(s)? Please circle <input type="checkbox"/> No <input type="checkbox"/> Yes Date(s):
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Plan of Action:	
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Employee Comments:	
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Employee's Signature Date

Human Resources Signature Date

Supervisor's Signature Date

Administrative Rep. Signature Date