

Tonganoxie USD 464
Corrective Action Form

Employee Name _____ Date of Hire _____

Job Title _____ Building _____

TYPE OF ACTION (Check one)

_____ Verbal Warning _____ Written Warning _____ Termination

Previous Corrective Actions (type of Action, Offense Date):

I. **INCIDENT:** Describe the situation (behavior, performance, policy violation, etc.) that occurred. Include dates(s), time(s), location (s), people involved, witnesses, effects of the incident on employee's work or on other employees, and other relevant circumstances of contributing factors. Please be specific in stating observable behaviors and comments whenever possible and attach additional sheets if necessary.

II. **EXPECTATIONS AND TIME FRAME FOR IMPROVEMENT:** What specific actions, within what time frame, are to be accomplished to improve this behavior/performance?

III. **FOLLOW-UP REVIEW DATE:** _____

IV. **CONSEQUENCES:** What will happen if employee fails to meet the expectations set within the designated time frame(s)?

V. EMPLOYEE'S COMMENTS:

My supervisor has reviewed the above situation with me and my comments are as follows:

Supervisor/Administrator Signature

Date

I understand that my signature indicates only that this incident has been reviewed with me and does not indicate agreement with the action taken.

Employee Signature
(not required for verbal warning)

Date