corrective action form

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| --- | --- | --- | --- |
| **Team Member Name:** |  | **Position:** |  |
| **Employee Number:** |  | **Department/Store:** |  |
| **Manager:** |  | **Type of Warning:** | Choose an item. |
| **Date of Violation:** | Click to enter a date. | **Date of Conversation:** | Click to enter a date. |
| **Type of Violation:** | Choose an item. |
| **Specific Violation Details:** |
| * …
* …
* …
 |
| **Dates of Previous Warnings:** | **Type of Warning:** |
|  |  |
|  |  |
|  |  |
| **Specific, expected change required by the Team Member:** |
|  |
| **Timeline for Improvement:** | Choose an item. |
| **Date of Follow-up Discussion:** | Click or tap to enter a date. |
| **Further related violations will likely result in:** | Choose an item. |
| **Manager/Supervisor Signature:** | **Date:** |
|  |  |
| **Team Member’s Acknowledgement & Signature:** |
| **My signature below confirms that this corrective action has been reviewed with me and I understand the area(s) of which I require change and agree to work to achieve this/these change(s).** |
| **Team Member Signature:**  | **Date:** |
|  |  |
| **-OR-**[ ]  **This corrective action has been reviewed with the Team Member, but they declined to sign because:** |
|  |

CC: Team Member file

Human Resources