Corrective Action Report
Physical Plant

Date: ________________

Employee Name: ______________________ ID#: ____________ Position: ____________

Department: ______________________ Supervisor Name: ______________________

Reason(s) for Corrective Action:

☐ Absenteeism ☐ Damage to Property ☐ Failure to follow policy/procedure

☐ Failure to report damaged equipment ☐ Failure to report off ☐ Falsification of Documents

☐ Inappropriate Conduct ☐ Insubordination ☐ Late to work/from break ☐ Poor work quality

☐ Profane / Abusive Language ☐ Refusal to work Overtime (Mandatory) ☐ Unsafe work practice(s)

☐ Other Violation (MOU, Policy/Procedure): ___________________________________________

Progressive Corrective Action Step

☐ Verbal Reprimand ☐ Written Reprimand ☐ Suspension: ____________________________ Exempt or Nonexempt

☐ Termination ☐ Probation ☐ # of Days _______ Pay: With or Without

Comment(s):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Corrective Action(s) to be Taken:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Last Updated: 9/1/2022
Consequences of Failure to take Corrective Action(s):

Employee Remarks:  □ Acknowledgement  □ Disagree (state reason(s) below)

Corrective Action Report Signed and Dated by:

<table>
<thead>
<tr>
<th>Employee</th>
<th>Date</th>
<th>Immediate Supervisor</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Head</td>
<td>Date</td>
<td>Vice President</td>
<td>Date</td>
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<tr>
<td>Office of Human Resources</td>
<td>Date</td>
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