**Corrective Action Notice**

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| Employee Name: |  |
| Position: |  |
| Program/Department: |  |
| Supervisor: |  |
| Date: |  |

**Level of Corrective Action**

|  |  |
| --- | --- |
| Identify Corrective Action Level |  |

**Date and Location of Incident**

|  |  |
| --- | --- |
| Date of Incident |  |
| Location of Incident |  |

**Reason for Corrective Action**

Employee Response:

I have read this Notice, and it has been discussed with me by my supervisor. I understand the purpose of this corrective action is to correct current behaviors/actions to prevent future corrective actions. I understand failure to correct the areas of concern identified on this notice or failure to comply with policies, procedures, or other work instructions may result in further corrective action, up to and including termination of employment.

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Employee Signature Date

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Supervisor Signature Date

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HR Manager Signature Date