

CORRECTIVE ACTION FORM – SERVICE AND SUPPORT PERSONNEL

		Please check one of the following:	
Employee Name:			
Position Title:		Date:	
Please check one of the following	lowing:		
Neglect of duty Unauthorized absence (s) Dishonesty/Theft Alcohol or drug abuse Failure to follow directives Insubordination		Unsatisfactory Performance Tardiness Lack of regular attendance Failure to follow established safe work practices Failure to follow dept/district policies and procedures Other:	
Supporting Evidence:			
Recommendation/Correctiv	/e Measures:		
Employee's Comments:			
Must have hand-written s	ignatures. Please	e print and sign form.	
Employee's signature *	Date	Supervisor's signature	Date
		Witness signature	Date
*Signature does not necessarily sign submit his/her rebuttal within 10 day		her that the above was reviewed by the employed	e. Employee has the right to
		nd will be considered in the future concerning y d may result in further disciplinary action inclu	
Copy To: □ Employee □ Supervisor □	Human Resources	Dept/Campus File	
		ortunity Employee that does not discriminate on basi ployment or provision of services, programs or activity	