Employee Corrective Action Form

Rev 02/2025

Directions: Each administrator must sign the form before forwarding to the next level of review. The completed form's final destination is Human Resources for official documentation.

Steps for Processing Employee Corrective Action Form

1. Conduct meeting with employee receiving corrective action.
2. Route form for required signatures in the following order:
    - Director (if position exists in department structure)
    - Dean of respective area
    - Vice President (if applicable)
    - President
    - Human Resources – for filing purposes

Employee Name:
Department:
Campus:
Supervisor Name:
Time of Meeting:

ACTION TAKEN:

(Depending on the nature of the offense, Bishop State Community College reserves the right to skip any steps at its discretion.)

☐ Coaching ☐ Written Reprimand ☐ Suspension Request

DESCRIPTION OF ISSUE:

Check all that apply

☐ Absenteeism ☐ Conduct ☐ Safety violation

☐ Policy and/or procedure violation ☐ Unsatisfactory job performance ☐ Other:

SUMMARY OF ISSUE:

SUMMARY OF CORRECTIVE PLAN OF ACTION:

You are formally warned of the severity of this situation. Failure to correct this behavior and/or further violation of college policy will result in additional disciplinary action. By signing below, you acknowledge that you have received this notice.

A copy of the notice will be placed in your personnel file.

Employee: Date:

Supervisor: Date:

Director: Date:
(*if applicable*)

Appropriate Dean: Date:

Vice President of Instructional Services: Date:
(if applicable)

President: Date: