

## **Employee Corrective Action Form**

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:						
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SUMMARY OF	CORRECTIVE	PLAN OF ACT				



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:				