

McLAREN FLINT
Flint, Michigan

CORRECTIVE ACTION COUNSELING PROGRAM
Documentation of Corrective Action

Employee Name _____ SS# _____ Department _____

Job Title _____ Hire Date _____ Today's Date _____

Employee's Immediate Supervisor _____ Previous Counseling Date _____
(Supervisor presenting Corrective Action)

Reason for Corrective Action

Supervisor/Manager explanation of policy violation (attach supporting documentation if applicable) _____

Employee response/explanation _____

Corrective Action Taken

Step 1 – Verbal Warning (department file only if no further discipline)

Step 2 – Written Warning

Step 3 – Suspension

Suspension – Pending Investigation

Step 4 – Termination

from (date) _____ to (date) _____

from (date) _____ to (date) _____

The above policy infraction has been discussed with the employee and the manager has explained next steps of progressive discipline should further violations occur.

EMPLOYEE SIGNATURE and DATE

SUPERVISOR SIGNATURE and DATE

DEPARTMENT DIRECTOR/V.P. and DATE

HUMAN RESOURCES and DATE

Manager, please initial here if employee declines signature