

Appendix B

Employee Corrective Action Form

Employee Name: _____ Date: _____

Job Title/Grade: _____ Supervisor: _____

Department: _____

Employment Status: _____ Probation _____ Extended Probation _____ Regular

Date of Employment: _____ Date in Present Job: _____

Level of Corrective Action

_____ Verbal Warning _____ Verbal Reprimand _____ Written Reprimand

Problem (From Section 1-1317 City Code):

Facts:

Objective:

Solution(s):

Action:

Comments:

Re-evaluation meeting scheduled for _____.

Employee's signature _____ Date _____