

EMPLOYEE CORRECTIVE ACTION NOTICE

Employee Name : _____

Date of Meeting: _____

Employee Number: _____

Date of Violation: _____

Department: _____

Time/Place of Violation _____

Type of Violation

Attendance	Carelessness	Attitude	Dress Code
Tardiness/Early Quit	Violation of Company Polices or Procedures	Improper Computer Use	Insubordination
Inappropriate Treatment of Employees/Customers	Willful Damage to Company Property	Improper Use of Mobile Device	Safety Violations
Unsatisfactory Work Quality	Theft	Dishonesty	Smoking in Undesignated Areas
Failure to Meet Performance Expectations	Conducting Personal Business	Wasting Time on Resort Time	Unauthorized Use of Resort Property/Amenities
Failure to Follow Instructions	Breech of Confidentiality	Harassment	Other

Witnesses _____

Statement Describing problem History, if any _____

Previous Infractions

Identify prior verbal/written notices	Date	By Whom

Employer Statement (attach additional sheets if necessary)

Employee Statement

____ I agree with Employer's statement
 ____ I disagree with Employer's statement for these reasons:

Corrective Action(s) to be taken: ____ Probation ____ Suspension ____ Termination ____ Other

Expectations of Employee in the Future (include goals and time limits) _____

Consequences should incident occur again _____

I have read this Corrective Action Notice and understand it.

 Signature of Employee

 Date

 Signature of Supervisor who issued notice

 Date