Coaching/Counseling/Disciplinary Action Form

Employee Name:	Department:	
Position:	Supervisor:	Date:

Action Taken (Check one)			
	Commitment to Correct		
	Final Warning		
	Suspension		
	Termination (attach checklist)		

Describe the problem and how it affected the work, company, and/or other employees.

Describe the expected improvement and the timeframe to see the improvement.

Consequences if improvement does not occur in the timeframe described.

Employee Comments
My Supervisor has discussed this document with me. I have been provided an opportunity to ask questions, get clarification on the performance expectations, and/or make comments with regard to the events/issues described herein. I have read and understand the contents of this document.
Employee Signature Date
Supervisor's Signature Date
Next Level Supervisor's Signature (if required) Date