CORRECTIVE ACTION NOTICE

EMPLOYEE:			PERSONNEL #: DATE OF HIRE:		
DEPARTMENT:					
LEVEL OF CORRECTIVE ACTION		TYPE OF INCIDEN	NT		
DATE OF INCIDENT:					
DETAILS OF INCIDENT:					
PLAN FOR IMPROVEMENT:					
INCLUDING TERMINATION. PREVIOUS CORRECTIVE A			Data		
Level:	Type: Type:		Date: Date:		
Level:	Type:		Date:		
MANAGEMENT SIGNATUF Prit	RES nt Name	Signature	Pers #	Date	
SUPERVISOR/MANAGER:					
2nd LEVEL MANAGER:					
HUMAN RESOURCES					
acknowledge that I received the about	ove disciplinary notice and that nothing in this docu	loyee eligibility of promotion of that I have been advised that if I desire, ment changes the at will nature of my nout notice and with or without cause.	I may place a written response to this employment, and that Watson may	disciplinary action in my	
EMPL	OYEE SIGNATURE		DATE RECEIVE	DATE RECEIVED	

PLEASE NOTE: YOUR SIGNATURE ACKNOWLEDGES RECEIPT ONLY AND DOES NOT INDICATE YOUR AGREEMENT