

CORRECTIVE ACTION NOTICE

EMPLOYEE: _____ PERSONNEL #: _____

DEPARTMENT: _____ DATE OF HIRE: _____

LEVEL OF CORRECTIVE ACTION	TYPE OF INCIDENT
_____	_____

DATE OF INCIDENT: _____

DETAILS OF INCIDENT:

PLAN FOR IMPROVEMENT:

ANY FUTURE INCIDENT OF THIS OR SIMILAR NATURE MAY RESULT IN ADDITIONAL CORRECTIVE ACTION UP TO AND INCLUDING TERMINATION.

PREVIOUS CORRECTIVE ACTION

Level: _____

Type: _____

Date: _____

Level: _____

Type: _____

Date: _____

Level: _____

Type: _____

Date: _____

MANAGEMENT SIGNATURES

Print Name

Signature

Pers #

Date

SUPERVISOR/MANAGER: _____

2nd LEVEL MANAGER:

I acknowledge that I received the above disciplinary notice and that I have been advised that if I desire, I may place a written response to this disciplinary action in my human resources file. **I understand that nothing in this document changes the at will nature of my employment, and that Watson may terminate or otherwise modify the employment relationship at any time, with or without notice and with or without cause.**

EMPLOYEE SIGNATURE

DATE RECEIVED

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

REVISED 07/01/2009