



CORRECTIVE ACTION REPORT

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the University Progressive Disciplinary Procedures. When completed, it serves as a written record of corrective action taken against an employee for violation of one or more University rules or for poor job performance. See Auburn University Progressive Disciplinary Procedures for details on how to complete this report.

Employee Information

Today's Date:		Purpose of Conference:	
Employee Name:		Employee ID:	
Job Title:		Department:	
Date and Time of Incident:			
Date and Time of Supervisor/Employee Conference :			

Type of Warning

Double Click in Check Box and Select "Checked" to Select Which Reprimand Applies:

<input type="checkbox"/>	Verbal Reprimand (Do not forward to Human Resources.)			
<input type="checkbox"/>	Written Formal Reprimand			
<input type="checkbox"/>	Written Final Reprimand			
<input type="checkbox"/>	Suspension with one of the following:			
<input type="checkbox"/>	Formal Reprimand			
<input type="checkbox"/>	Final Reprimand			
<input type="checkbox"/>	Development Improvement Plan			
<input type="checkbox"/>	Demotion			
	Number of working days:	Beginning:	And Ending:	<input type="checkbox"/> Without Pay Or <input type="checkbox"/> With Pay
<input type="checkbox"/>	Recommendation for Termination			
	*Effective Date:		*Pending Approval From The Appropriate Administrator	
Dates of Prior reports, if any, during the last six months:				

FACTS

What happened (Be Specific):

What is planned to correct or eliminate the problem:

Consequences of Further Infractions:

FOR THE EMPLOYEE: I hereby acknowledge that the contents of this Corrective Action Report have been reviewed with me. (If you wish to make any comment regarding this Corrective Action Report, please do so in the space below.)

Acknowledgment of Receipt of Warnings

The employee's signature indicates he/she has seen this report. The signature does not necessarily indicate agreement.)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Department Head/ Director Signature: _____ Date: _____

Dean Signature: _____ Date: _____

A copy of this report shall be given to the employee and one copy should be forwarded to Human Resources.