

NORTH CENTRAL STATE COLLEGE

CORRECTIVE ACTION FORM

Employee: _____

Title: _____

Department: _____

Hire Date: _____

Verbal Consultation (Supervisor/Employee) Date _____

First Written Warning Date _____

Final Written Warning Date _____

Suspension Date _____
 Paid Unpaid

Discharge Date _____

Incident or Problem:

Plan for Corrective Action:

Comments:

Additional incidents may result in further corrective action up to and including discharge.

SIGNATURES:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Appropriate VP: _____ Date: _____

President: _____ Date: _____

(Not Required for Verbal Consultation)

Approved by the Board of Trustees: September 27, 2000
Human Resource\jfriend
FN:\S:\Policies\CORRECTION ACTION FORM