[Company Name]

EMPLOYEE DISCIPLINE AND CORRECTIVE ACTION FORM

Employee:	Title:	
Date:	Supervisor:	
□ Verbal Warning □ Written Warning □ 1^{st} □ 2^{nd} □ Final Written □ Suspension □ Termination		
Date of incident: Nature of incident:		Time of incident:
Prior incident(s): □ No	ne 🗆 Yes (explain)

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