

**MACOMB COUNTY**

**Human Resources and Labor Relations Department**

1 South Main Street, 6<sup>th</sup> Floor, Mount Clemens, MI 48043 • Phone (586) 469-5280 • Fax (586) 469-6974

**CORRECTIVE ACTION FORM**

EMPLOYEE NAME: \_\_\_\_\_

DEPARTMENT/DIVISION: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

**TYPE OF ISSUE:**

- ABSENTEEISM/ATTENDANCE
- JOB PERFORMANCE
- POLICY/PROCEDURE VIOLATION
- OTHER: \_\_\_\_\_

DATE OF OCCURRENCE: \_\_\_\_\_

POLICY/PROCEDURE VIOLATED: \_\_\_\_\_

DESCRIPTION: *Describe the occurrence and all relevant details (attach any supporting documentation)*

PREVIOUS DISCIPLINARY ACTION RECEIVED:

**ACTION TAKEN:**

- VERBAL WARNING
- WRITTEN WARNING

DEPARTMENT EXPECTATIONS, RECOMMENDATIONS AND TIMELINE:

**DEPARTMENT HEAD/SUPERVISOR:**

\_\_\_\_\_  
NAME (Printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

ADDITIONAL COMMENTS:

**EMPLOYEE:**

By signing below, I acknowledge I have received a copy of this corrective action. I have reviewed the department expectations with my supervisor and I understand failure to correct this behavior and/or further violations may result in additional disciplinary action up to and including discharge.

\_\_\_\_\_  
NAME (Printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**WITNESS:**

\_\_\_\_\_  
NAME (Printed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**CC: Personnel File**