



**Corrective Action Plan**

Name:

Dept:

Date:

Date of occurrence:

Time:

Location:

**ACTION TAKEN:**

- Coaching
- Verbal warning
- Written warning
- Final warning
- Termination
- Suspension \_\_\_\_\_ day(s)
- Other:

(Depending on the nature of the offense, Innowave Marketing Group reserves the right to skip any steps at its discretion.)

**DESCRIPTION OF ISSUE:**

- Absenteeism
  - Conduct
  - Safety violation
  - Policy and/or procedure violation
  - Unsatisfactory job performance
  - Other:
- If so, which? \_\_\_\_\_

**EXPLANATION/EXAMPLES:**

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**GOALS/CORRECTIVE BEHAVIOR:**

Should your record continue to be unacceptable in the above area(s), the company will find it necessary to take the following disciplinary action (or more depending on the situation):

- Written warning
- Suspension \_\_\_\_\_day(s)
- Final written warning
- Assigned Training Course(s) on:  
\_\_\_\_\_
- Termination
- Other:  
\_\_\_\_\_

**NEXT STEPS:**

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**EMPLOYEE COMMENTS:**

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You are formally being warned to bring to your attention the severity of this situation. Failure to correct this behavior and/or further violation of company policy will result in additional disciplinary action up to and including discharge. By signing below you acknowledge that you have received this notice and understand the potential consequences of noncompliance.

Employee:

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Date:

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Supervisor:

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Date:

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HR Manager:

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Date:

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*Please provide a copy of the signed document to Human Resources.*