**Corrective Action Form**

**Team Member** Click here to enter text. **Job Title/Department** Click here to enter text.

**Manager/Supervisor** Click here to enter text. **Location** Click here to enter text.

 [ ] Goodwill [ ] Goodworks

**Previous Disciplinary/Counseling Action** (Indicate date, violation, disciplinary action taken on the most recent incident)

**Current Incident**

**Date of Incident** Click here to enter a date. **Counseling Date** Click here to enter a date.

**Human Resources Review: HR Representative: Date:** Click here to enter a date.

**Description of Infraction/Violation** (State specific policy, procedure, standard, etc., violated)

**Supporting Details of Violation** (Include incident, time, place, date of occurrence, and organizational impact)

**Disciplinary Action**

[ ] Verbal Warning

[ ] Written Warning [ ] Performance Improvement Plan

[ ] Final Warning [ ] Suspension of \_\_\_\_\_\_ days (not to exceed 3 scheduled days)

[ ] Termination

**Outcomes and Consequences**

This Corrective Action is formal notification that any continued violation of policy, behavioral expectations or failure to perform the job responsibilities that have been set for you by Goodwill Industries of South Mississippi, or Mississippi Goodworks, will result in additional discipline up to and including termination of employment.

Additional actions (if applicable):

***NOTE: The expectation for of all team members is to meet and maintain behavioral and job performance standards and comply with all Goodwill Industries of South Mississippi Policies and Procedures.***

**Acknowledgments**

**Team Member Comments:**

Your signature indicates that this document has been discussed with you. It does not necessarily mean that you agree with the stated events or conclusions. Failure to sign does not change the disciplinary action taken.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leadership Signature Date Team Member Signature Date

Witness Signature (If applicable) Date