

SUPERVISORY ACTION REPORT

Employee to complete highlighted section ONLY

Manger/Director complete remaining areas

EMPLOYEE _____ DEPT _____

POSITION TITLE _____ DATE _____

(Above section to be completed by Employee)

- Verbal, 1-4 errors
1st 2nd 3rd 4th
- Written, 5th error
- Final, 6th error
- Termination, 7th error

Date of Occurrence _____ Date of Meeting _____

Type of Incident:

- Policy or procedure violation
- Unsatisfactory performance
- Unsatisfactory behavior or conduct
- Work flow impact
- Other _____

Description (reason Glitch) (To be completed by Employee):

Requesting time punch correction for date _____ and time _____ due to the following error:

- Missed punch in/out, Unapproved OT, Unapproved No Lunch, did not code Charge,
- did not code in service/educ.- Other- explain: _____

Improvement Goals:

Training/Direction to be provided:

Time Frame (what will take place if it occurs again in the time frame, review points, etc.)

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

This form is used to document Supervisory Actions to be included in the employee's personnel file. Every attempt should be made to secure the employee's signature, thereby assuring that the employee is personally notified of the Supervisory Action.

Signature indicates employee has read the information on this form. IT DOES NOT IMPLY AGREEMENT. Employees are encouraged to provide comments on the reverse side of this form or on a separate sheet of paper and attach to this form. R.1/10/2012