



CORRECTIVE ACTION FORM

**Instructions: DH please complete and give to GM. GM please complete in Paycom
(Talent Management > Personnel Action Forms > Corrective Action Form)**

TEAM MEMBER NAME: _____

DATE: _____ **POSITION:** _____

LOCATION: _____ **DESCRIPTION OF EVENT**

Please check the corresponding box(s) for the inappropriate behavior that has resulted in corrective action.

- | | |
|--|---|
| <input type="checkbox"/> Absenteeism/Tardiness/No Call No Show | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Failure to Perform Job Functions | <input type="checkbox"/> Policy or Procedure Violation (list below) |

Provide written summary in space below (attach an additional sheet if necessary.)

PREVIOUS CORRECTIVE ACTION AND DATES

☐ Verbal Warning Date: _____ ☐ Written Warning Date: _____ ☐ Suspension Date: _____

CURRENT CORRECTIVE ACTION

☐ Verbal Warning Date: _____ ☐ Written Warning Date: _____ ☐ Suspension Date: _____

The team member is instructed to review the Bobby Jones Team Member Handbook. (Include specific language to address areas of improvement.)

SIGNATURE AND ACKNOWLEDGMENT

My signature acknowledges that I have read and understand this corrective action form. Further, I understand that any future violations of Company policies, procedures or practices may result in appropriate disciplinary action up to and including termination.

Signature of Team Member: _____ Date: _____

Signature of Supervisor: _____ Date: _____