Corrective / Disciplinary Action Form

Employee Name: _____ **Date:** _____

Social Security # : _____ **Position / Title:** _____

Unit/Airport: _____ **Manager /G.M.:** _____

Type of Corrective Action:

[ ] Verbal Warning [ ] Written Warning [ ] Suspension

Reason for Warning or Counseling:

[ ] Failure to report to work without notifying Management or properly covering shift
[ ] Refusal to obey orders / Insubordination
[ ] Leaving work without permission
[ ] Tardiness
[ ] Breaking Company policy / procedures
[ ] Willful failure to perform job
[ ] Improper ringing up of food, beverages, or merchandise
[ ] Dishonesty / Issue of integrity
[ ] Abuse of an employee, guest or Company property
[ ] Negative confrontation with a guest or another employee
[ ] Cash Shortage / Overage
[ ] Other

Summary of Reason:

_____
_____
_____

Improvement Required:

_____
_____
_____

Employee Comments: (if written warning)

_____
_____
_____

I understand that further incidents of this kind or any other violations of other Company rules or procedures, will result in disciplinary action up to and including termination. Employee's signature only acknowledges receipt of this warning.

_____ _____
Employee's Signature **Manager's Signature**

_____ _____
Date **Manager's Name**