CATHOLIC DIOCESE OF DALLAS

Corrective Action Notice

Date:

◉ Verbal (Oral Directive) ○ Written ○ Final Written

Employee name:	Location Name:	Department:
Job Title:	Date of Hire:	Supervisor:

Observation(s): Event or incident and supporting details.

Policy Violation(s): Insert Number/Name of policy infraction(s).

Plan for Improvement: How the employee and supervisor will act to improve the situation and adhere to standards.

Please note: Corrective Action indicates that improvement must begin immediately and must be maintained. Failure to improve may result in progressive corrective action, up to and including termination. Follow-up date: (if applicable) _____

As your Manager, I am available to discuss any issues or concerns you may have as a result of this occurrence. Your signature acknowledges this discussion. It does not indicate agreement or disagreement with this plan.

Employee: _____ Date: _____

Manager: _____ Date: _____