



Corrective Action Acknowledgement Form

The purpose of this written acknowledgement form is to provide Legacy staff with a written explanation of the Corrective Action Process. Legacy Empowerment Services has a **three-step** process when issuing corrective action plans to its staff.

The **first step** is called the **verbal warning**. A staff member will always receive a verbal warning about the incident(s) brought before them.

If the incident continues to occur then a **second step** a **written warning** will proceed where the staff member will be asked to participate in a mediation meeting with their direct supervisor to discuss the incident. At this meeting, a “Corrective Action Form” will be filled out by their supervisor, given to the staff member and signed by both parties. The supervisor will then set a date which will include a supervision session to discuss improvements of the action.

If improvements have not been made by the staff member, the direct supervisor will then proceed to **step three** which is **suspension**. During suspension, the staff member will not be allowed to work/communicate with any Legacy Empowerment Services participant. If Legacy makes the decision to suspend the staff member, the dates of suspension will be documented and communicated with the staff member. The staff member does not receive pay for the period of time they are suspended.

Every phase of the corrective action process excluding a verbal warning (does not require signature of staff) will be signed and filed in the employee’s folder for future reference.

Please take note the Legacy Empowerment Services will use the corrective action plan for most, however, not all incidents. Some serious incidents may result in immediate termination and the possibility of further action if required based on the severity of the incident or action.

Examples of incidents include but are not limited to the following:

1. Failing to complete assigned job requirements
2. Failing to submit required documentation in 24hr of the service provided(unless otherwise discussed with supervisor and approved)
3. Failing to attend mandatory training/company meetings (unless otherwise discussed with supervisor and approved)
4. Failing to communicate important information to designated officers
5. Inappropriate conduct with Legacy clients and/or staff
6. Falsification of documentation



Please note that Legacy Empowerment Services has the right to terminate an employee's position during any phase of the corrective action process. By signing below you acknowledge the receipt of this corrective action form and that its contents have been discussed with you.

Signature

Print Name

Date



LEGACY EMPOWERMENT SERVICES
CORRECTIVE ACTION FORM
(Administrative/Staff/Instructors)

EMPLOYEE: _____

POSITION: _____

SUPERVISOR: _____

TYPE OF ACTION:

Verbal Warning

Written Warning

Suspension: Begins: _____ Ends: _____

Termination: Effective: _____

Date(s) of Incident: _____ Time of Incident: _____

Description of the Incident(s) or Behavior(s):

Reported by:

Other Individuals who may have information:

Supporting Evidence, if any (please describe; attach copies of any documentation):

Employee's Comments:

Other Individuals who may have information:



Supporting Documentation, if any (please describe; attach copies of any documentation):

Corrective Action Plan:

Next Action Step if Problem Continues:

Follow up

Two weeks One month Three months Six months

I acknowledge receipt of this disciplinary action and that its contents have been discussed with me. I understand that my signature does not necessarily indicate agreement and that refusal to sign will not invalidate the disciplinary action. I understand that this form will be placed in my personnel file. I further have been informed that I may submit a written response to the information in this form, and that my written response will also be kept in my personnel file.

Employee Signature Date

Manager/Supervisor Signature Date