

**Catholic Diocese of Saginaw
EMPLOYEE CORRECTIVE ACTION FORM**

FROM: _____ DATE: _____

On this date, I spoke with _____ regarding the following concern(s):
(Employee's Name)

As a guide for realizing improvement, the following recommendations were made:

Employee Comments:

Employee Signature

Date

Supervisor Signature

Date

The employee's signature serves only to acknowledge that this matter has been discussed with him/her.

Copy to: _____ Employee
 _____ Personnel File