



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:

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

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