



Cumberland County Counseling/Corrective Action Report

Name:

Dept:

Date of occurrence:

Time:

Location:

ACTION TAKEN:

- Coaching Verbal warning Written warning
 Suspension ____ day(s) Termination Other:

(Depending on the nature of the offense, Cumberland County reserves the right to skip steps)

DESCRIPTION OF ISSUE:

- Policy and/or procedure violation _____
 4A:2-2.3 violation _____

EXPLANATION:

GOALS/CORRECTIVE BEHAVIOR:

Should your record continue to be unacceptable in the above area(s), Cumberland County will find it necessary to take the following disciplinary action (or more depending on the situation):

- Written warning Suspension ____ day(s)
 Termination Other:

EMPLOYEE COMMENTS:

You are formally being warned to bring to your attention the severity of this situation. Failure to correct this behavior and/or further violation of county policy will result in additional disciplinary action up to and including termination. By signing below, you acknowledge that you have received this notice.

Employee: _____

Date: _____

Supervisor: _____

Date: _____

Please return completed and signed form and all related documents to HR@co.cumberland.nj.us