



Corrective Action Form

(Non-Bargaining, Teamsters & Fire)

EMPLOYEE INFORMATION :

Employee Name: _____

Job Classification: _____

Department: _____

Work Unit: _____

Date of Discussion: _____

ISSUE (EMPLOYMENT OR POLICY VIOLATED):

If the discipline does not relate to a safety violation, than please delete this example and enter the appropriate policy violation. To delete, you must click on the Edit button.

(Example) TEAMSTERS—LOCAL 190 and CITY OF BILLINGS COLLECTIVE BARGAINING AGREEMENT
ARTICLE 10.2—Safety

Employees shall be required, in the performance of their duties, to:

- A. Exercise precaution;
- B. Use normal safe working practices;
- C. Observe and obey safety postings and rules;
- D. Use and care for required protective equipment and gear, as furnished by the City; and
- E. Report all accidents to their supervisor as soon as reasonably possible.

City of Billings Human Resources Policy—Safety:

Employees are required, in the performance of their duties, to exercise caution; use normal safe working practices; observe and obey safety postings and rules; use and care for required protective equipment and gear furnished by the City and to report all accidents to their supervisor as soon as reasonably possible.

Occurrence:

POINTS TO COVER:

Prior Disciplinary Actions: If No Yes

Yes—Date & Violation:

Other Points to Note:

EXPECTED IMPROVEMENT/SUGGESTIONS FOR IMPROVEMENT/TIMEFRAME:

CONSEQUENCES IF IMPROVEMENT DOES NOT OCCUR:

Additional violations of City and/or _____ Department policies, practices, or procedures will subject you to further discipline up to and including termination of your employment.

EMPLOYEE COMMENTS:

ACTION BEING TAKEN:

Oral Warning/Reprimand *Written Warning/Reprimand

**Suspension for _____ working days, from _____ through _____.

Return at scheduled starting time on _____.

Transfer/Demotion *Discharge

*Requires coordination/consultation with Human Resources.

**Requires the approval of the Department Head and coordination/consultation with Human Resources. If more than 8 hours or one shift suspension, approval of the City Administrator is required.

***Requires the approval of the Department Head and City Administrator and coordination/consultation with Human Resources.

SIGNATURES:

Employee: _____ Date: _____

(This is to certify that I have been given a copy. My signature does not imply agreement.)

Supervisor
Signature: _____ Date: _____

Additional
Persons(s)
Present during
discussion: _____ Date: _____

Department
Head Signature: _____ Date: _____

Human Resources
Signature: _____ Date: _____

THIS DOCUMENT:

All Original Documents should be routed to Human Resources for placement into the Employee's personnel file. Copies should be made for the Employee, Supervisor and Union (if applicable).

DATES:

To HR: _____

Received in HR: _____

To Union: _____

(written & higher discipline only)