

## CORRECTIVE ACTION MEMO (CAM)

NAME	SSN	JOB ID	JOB TITLE
1. AREA OF MANAGEMENT CONCERN		2. ACTION BEING TAKEN	
<input type="checkbox"/> Attendance <input type="checkbox"/> Work Performance  <input type="checkbox"/> Company Rule Violation _____ <div style="text-align: center;">Specify</div>		<input type="checkbox"/> First Written Memo <input type="checkbox"/> Termination <input type="checkbox"/> Suspension <input type="checkbox"/> Other _____ <div style="text-align: center;">Specify</div>	
3. Describe area of concern in detail. Identify previous efforts to correct the problem. (Supervisor Comments)			
4. Describe specific action required by employee to correct the problem. The employee should understand that if he/she does not attain and sustain a satisfactory level of performance, additional corrective action up to and including termination may be taken. (Corrective Action Required)			
5. Employee Comments (Optional)			
EMPLOYEE		DATE	
<i>(Signature)</i>		Note: Signature of employee indicates review and receipt of CAM and not necessarily agreement.	
IMMEDIATE SUPERVISOR		HUMAN RESOURCES	
DATE		DATE	
<i>(Typed Name And Signature)</i>		<i>(Typed Name And Signature)</i>	

Human Resources Review and Approval Required Before Presenting to the Employee  
 IF MORE SPACE IS REQUIRED, PROVIDE ATTACHMENT AND REFER TO THE SECTION