

DISCIPLINARY ACTION MEMO

Associate's Name: _____ Job Title: _____

Department: _____ Date of offense: _____

Verbal Prompter Written Prompter Decision Making Day Termination

Classification of offense: Attendance Poor performance Misconduct

1. Statement of the problem: _____

2. Statement of company policy on this subject: _____

3. Summary of corrective action to be taken (including dates for improvement and plans for follow-up): _____

4. Associate comments: _____

(continue on reverse if necessary)

Associate's signature Date Store Director's Signature Date

Witness' Signature Date