



Intern Corrective Action Form

Intern Name: _____

Agency/Work Site: _____

Supervisor Name: _____

Date Issued: _____

Behavior (check one):

- Late
- Unexcused Absence
- Excessive Absence (excused or unexcused)
- Failure to Follow Directions
- Inappropriate Dress or Missing Required Uniform
- Inappropriate Language
- Use of Cell Phone or Internet Without Approval
- Other (Please describe): _____

Provide details of the behavior including specific examples as appropriate:

Was the intern given a verbal warning about this behavior before this corrective action? ___Yes ___No
If yes, on what date: _____

Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

***Provide a copy of this document to the intern and your STEP-UP Job Coach.
This will become a part of the intern's personnel file.***