

<u>Human Resources Incident Report</u> <u>EmployeeRelations@byuh.edu</u>

EMPLOYEE				ID Number:			
DEPARTMENT:				POSITION:			
SUPERVISO	R:						
\Box A	Administrative	\square Staff	□ Stud	ent Employee	□ Oth	ner:	
Corrective ac	tion should take int tion ranges from ve required. Employe	erbal warning	to immedia	te termination/resi	gnation.	employee's record. Progressive corrective ulted <i>before</i> proceeding	
□ Written W□ Final Writt□ Suspension	_		E	nds:			
* If future disc	iplinary action is take	en, a copy of th	e Verbal Wa	rning is sent to HR	to put in th	ne employee's personnel file.	
Date of Incide	ent:			Time of Incider	nt:		
	of the Incident:						
Supporting I	E vidence, if any (p	lease describe	or attach re	elated documentat	ion):		
Corrective A	ction Plan:						
Employee's	Comments: the em	ployee is invi	ted to subm	it a written respon	ise on or l	before – Date:	
Follow up:	☐ Two weeks	□ One	month	☐ Three mor	nths	☐ Six months	
understand th		es not necessa	rily indicate	e agreement and th	nat refusa	been discussed with me. I I to sign will not invalidate use.	
	Employee Signature			Date			
	Manager/Supervisor Signature				Date		