



CLASSIFIED EMPLOYEE – REQUEST FOR CORRECTIVE ACTION REVIEW

EMPLOYEE NAME: _____

DEPARTMENT: _____ POSITION: _____

PLEASE REVIEW EPM 10.4 PRIOR TO COMPLETING THIS FORM



Date of Corrective Action: _____

Corrective Action to be Reviewed:

- Documented Oral Counseling -or- Written Reprimand
- Disciplinary Action (Suspension, Demotion or Termination)

Statement (Describe manner in which you believe the corrective action to be inconsistent with either EPM 9.1 - Rules of Conduct or EPM 10.1 – Corrective Action):

Requesting Employee’s Signature: _____ Date: _____



For HR Department Use Only

Corrective Action (Counseling/Written Reprimand) Reviews

Human Resources Review: (Review must occur within two (2) work days)

Received by: _____ Date Received: _____

Results of HR Review:

- Corrective Action complies
- Corrective Action rescinded
- Corrective Action modified to _____

Employee notified by: _____ Date: _____

Disciplinary Corrective Action Reviews

Review Conference with City Manager/Designee: (Conference must occur within two (2) calendar weeks of receipt)

Date of Conference: _____ Time: _____ Location: _____

Scheduled by: _____ Date: _____

City Manager Response (*attach*): (CM written response must be issued within two calendar weeks of conference)

Issued by: _____ Date: _____

Received by: _____ Date: _____

Action taken as result of CM Conference:

- Corrective Action complies
- Corrective Action rescinded
- Corrective Action modified to _____

Employee notified by: _____ Date: _____

HR Representative's Signature/Title: _____ Date: _____