



Corrective Action Form

Store Number & Name: 392 4th and Seneca

Partner Name: Coulson (Coulson) Nyland

Partner Number: [REDACTED]

Manager's Name: [REDACTED]

Today's Date: 8/19/2013

Statement of Situation

Manager's Statement Describe the situation using specific examples. Use Corrective Action Plan Form, if necessary.

Date of Occurrence(s): 7.29.2013

Description: This document shall serve as separation for violating Starbucks policies relative to markouts.

Coulson (Cheyenne) Nyland admitted to taking and eating marked out product on 7.29.13.

As stated in the food and pastry manual, under food markout standards: All food products that are sampled, past date, donated, damaged/ unsellable or store use are marked out of inventory as follows in the POS register:

SAMPLED- For food and RTD&E items that are sampled to customers.

PAST DATE- For food and RTD&E items that have expired. Mark out food products as PAST DATE prior to donating them to an eligible non profit organization. Note: Chilled and other refrigerated items cannot be donated and must be thrown out.

DONATED- For the approved donation of fresh food to local community organizations. Do not use for "end of day" or

PAST DATE food markouts. Refer to the food donation procedures in the store operations manual for more information.

DAMAGED/UNSELLABLE- For food and RTD&E items that are damaged in the store.

STORE USE- For food and RTD&E items that are removed from inventory to support store operations (eg. partner sampling and training.

Further violation of Starbucks standards, policies and procedures may result in further corrective action up to and including separation.

Partner's Statement

Date of Occurrence(s): _____

Description: _____

Corrective Action

(check one) Verbal Written Final Written

(check one) Verbal Written Final Written

Date: _____ By Whom: _____

Date: _____ By Whom: _____

Comments: _____

Comments: _____

- Partner scheduled to meet for follow-up evaluation on _____ to review Action Plan to improve performance.
- See attached Action Plan. Other: _____

Reinforcing Improved Performance

Date: _____ Performance has (check one): Improved not improved

If performance has improved:

If performance has NOT improved:

Specific description of how partner performance has improved:

Action Taken:

Action Plan for continued reinforcement of improved performance:

Signatures