CASE WESTERN RESERVE UNIVERSITY EST. 1826

POSITIVE CORRECTIVE ACTION FORM

Employee Name _____ **Date of Hire** _____

Position _____ **Date in Position** _____

Supervisor Name _____ **Department** _____

PERFORMANCE CORRECTIVE ACTION:

[☐] **Verbal Warning** [☐] **Written Warning** [☐] **Suspension** [☐] **Termination**

PREVIOUS CORRECTIVE ACTION(S):

[☐] **Verbal Warning (date)** _____

[☐] **Written Warning (date)** _____

[☐] **Suspension (date)** _____

DESCRIPTION OF UNACCEPTABLE PERFORMANCE/MISCONDUCT: **DATE:** _____

POSITIVE CORRECTIVE ACTION REQUIRED:

DESCRIBE TRAINING IF REQUIRED:

TIME FRAME: _____ **Work Days** **Improvement By:** _____

Feedback Session Scheduled for (date) _____ **(time)** _____

_____ _____

EMPLOYEE SIGNATURE **DATE** **SUPERVISOR SIGNATURE** **DATE**

____ Copy to Employee ____ Copy to Employee Relations _____ Original to Employee File