



POSITIVE CORRECTIVE ACTION FORM

Employee Name: _____

Date Issued: _____

Position: _____

Department: _____

Supervisor Name: _____

PERFORMANCE CORRECTIVE ACTION:

☐ Verbal Warning ☐ Written Warning ☐ Suspension ☐ Termination

PREVIOUS POSITIVE CORRECTIVE ACTION(S):

☐ Verbal Warning (date): _____

☐ Written Warning (date): _____

☐ Suspension (date): _____

Description of Issue:

☐ Absenteeism

☐ Unsatisfactory job performance

☐ Safety violation

☐ Conduct

☐ Policy or procedure violation

☐ Other: _____

FACTUAL NARRATIVE OF UNACCEPTABLE PERFORMANCE/MISCONDUCT: *(Describe the facts and circumstances relating to the conduct that gave rise to this Positive Corrective Action. Include all relevant dates, times, places, persons present, Departmental impact, applicable CWRU policies, etc.)*

POSITIVE CORRECTIVE ACTION REQUIRED:

You are in violation of university policy _____.

Based upon _____ and the severity of the situation, you are being issued a _____ in accordance with university policy Positive Corrective Action, III-3. You must perform the duties outlined in your job description, including _____, and maintain satisfactory or above performance in all areas of your job. In addition, you must also adhere to all university/departmental policies/procedures, and maintain satisfactory attendance. *[Indicate if any training is necessary or other requirements.]*

Your performance will be closely evaluated over the next 60 days. Failure to correct this behavior and/or any additional violation of university/departmental policies, failure to maintain satisfactory attendance, or failure to successfully perform the duties of your job will result in further corrective action, up to and including termination.

Employee's Comments (if any):

By signing below, you acknowledge that you have received this PCA Form.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

☒ Copy to Employee

☒ Copy to Employee Relations

☒ Original to Employee File