

**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

[  ]Conduct

[  ]Unsatisfactory job performance

[ ]Policy or procedure violation

[ ]Safety 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:

Based upon \_\_\_\_\_ and the severity of the situation, you are being issued a \_\_\_\_\_. 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 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

**X Copy to Employee X Copy to Employee Relations X Original to Employee File**