

**POSITIVE CORRECTIVE ACTION (PCA) FORM**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Date Issued:** |  |
| **Position** |  | **Department:** |  |
| **Supervisor Name:** |  | | |

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# 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:

**Employee’s Comments (if any):**

*By signing below, you acknowledge that you have received this PCA Form. You are not acknowledging agreement with the information in the PCA Form and are not waiving any grievance rights you have.*

# EMPLOYEE SIGNATURE DATE SUPERVISOR SIGNATURE DATE