



CASE

CASE WESTERN RESERVE UNIVERSITY

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 PERFORMANCE CORRECTIVE ACTION:

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