Department of Human Services
NOTICE OF CORRECTIVE ACTION
EMPLOYEE PERSONNEL RECORD

Note: See instructions on page two.

Employee _____ Title _____

Department Name _____ Division _____

Immediate Supervisor_____ Manager/Director/Administrator_____

CORRECTIVE ACTION TAKEN (See routing instructions specific to the action taken)

- ☐ Verbal counseling or warning
- ☐ Written reprimand/warning: additional infraction will lead to further action which may include suspension or discharge
- ☐ Suspension for _____ working days from _____/_____/_____ through _____/_____/_____*
- ☐ Suspension pending investigation from _____/_____/_____
- ☐ Specific warning of discharge for additional infraction
- ☐ Discharge

* Exempt employees are suspended in full-week increments.

REASON(S) FOR CORRECTIVE ACTION

Job Related

- ☐ Unsatisfactory performance of duties
- ☐ Unsatisfactory customer service (mishandling of or unsatisfactory service to the public, students, patients or staff/faculty)
- ☐ Disclosure of misuse of confidential information
- ☐ Falsification, alteration or improper handling of records (payroll, personnel, student, patient, etc.)
- ☐ Misuse of the Facility's electronic information system

Attendance

- ☐ Tardiness
- ☐ Absenteeism
- ☐ Failure to report
- ☐ Unauthorized absence from assigned area
- ☐ Violation of department call-in policy
- ☐ Job abandonment

PERSONAL CONDUCT

- ☐ Insubordination
- ☐ Behavior/language of a threatening, abusive or inappropriate nature
- ☐ Misuse/damage/loss of Facility property
- ☐ Possession, sale or purchase of intoxicants or drugs not prescribed
- ☐ Working under the influence of intoxicants or drugs not prescribed
- ☐ Failure to comply with Facility policies and/or procedures
- ☐ Sleeping on the job
- ☐ Possession of or concealing a weapon
- ☐ Theft
- ☐ Fighting
- ☐ Other (specify) _____

DESCRIBE REASON(S) FOR CORRECTIVE ACTION (may continue on separate sheet is necessary)

A copy of this form was ☐ given to ☐ mailed to the above named employee on _____/_____/_____.

Employee's signature indicates action was discussed, NOT necessarily that the employee agrees with its content.

Supervisor _____ Date _____

Employee _____ Date _____

Distribute one copy each to: Human Resources Management, Employee, Union if applicable, File

DEFINITION OF CORRECTIVE ACTION

The Progressive Corrective Action Procedure is designed to identify and correct problems that affect an employee's work performance and/or the overall performance of your department. This process provides the employee and the supervisor with an opportunity to identify and discuss specific problems, to determine when and how these problems can be corrected, and to agree to set goals and expectations as well as follow-up dates.

The Progressive Corrective Action Process refers to the following steps.

Step one:	Informal meeting/oral and/or verbal notices and warnings
Step two:	Written reprimand/warning and meeting
Step three:	Suspension
Step four:	Demotion
Step five:	Discharge/Termination

The Notice of Corrective Action form is to be used for all biweekly, union, and selective non-bi weekly employees to document Step One through Step Four of the progressive discipline process.

Supervisor initiating corrective action should consult the following:

- His/her own immediate supervisor or Human Resources Representative;
- Office of Employee/Labor Relations for general guidance or advice
- Employee Handbook and Collective Bargaining Agreement Contract, Policy Guidelines

During the Step One meeting, the supervisor should make it clear that the employee is being verbally reprimanded and warned, and should use this form to record such a meeting. The Notice Corrective form which covers a Step One meeting should be retained in the department file only. The Notice of Corrective Action form which records Steps Two through Five should be forwarded the appropriate human resources personnel.

Approval from Human Resources is required prior to the termination of any employee or prior to the indefinite suspension of an employee, pending an investigation. If termination or suspension is warranted during evening, night or weekend shifts, Human Resources should be notified of such action on the next available business day.

In cases of serious offense, Human Resources should be consulted prior to taking corrective active, unless the safety of the employee, other staff or the public is threatened by the employee's actions, or if the action poses a potential and immediate threat to equipment/systems, or is disruptive to the purpose and use of the worksite.

ROUTING

Copies of the Notice of Corrective Action should be distributed as follows:

If initiating Step One (Verbal Warning), distribute to:

- Employee; and
- Departmental file

If initiating Steps Two through Five (written, suspension or termination), distribute to:

- Human Resources – for the employee's personnel file;
- SIU Representative
- Given or mailed to the employee;
- Retained for departmental file