

McMurry University
Corrective Action

EMPLOYEE: _____

POSITION: _____ DEPARTMENT: _____

Verbal Warning () Written Warning () Probation () Suspension () Discharge ()

1. Statement of the problem (violation of rules, policies, standards, practices or unsatisfactory performance).

2. Prior discussions or warnings on this subject (verbal, written, etc/ dates).

3. Statement of University policy on this subject:

4. Summary of corrective action to be taken (include dates for improvement and plans for follow-up):

5. Consequences for failure to improve performance or correct behavior:

6. Employee Comments:

7. Supervisor Comments:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

If this corrective action is at the probation, suspension, or discharge level, appropriate Cabinet Member approval is required, although appropriate Cabinet Member approval may be given at any level.

Cabinet Member Approval: _____

Cabinet Member Title: _____ Date: _____

Distribution: Original form to personnel file, one (1) copy to Employee, and one (1) copy to the Supervisor.