UTA Office of Talent, Culture, and Engagement

TCE-PCA-01
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Progressive Corrective Action Form

★ ***This form is provided pursuant to policy HR-E-PO-03 and should only be used by an authorized supervisor in a department in conjunction with an HR Business Partner.***

HR Business Partner Name _____

Employee Information

Name _____ Email _____

Department _____ UTA ID _____

Supervisor Information

Name _____ Title _____

Email _____

Action Information

Action Level

◯ Written Warning ◯ Final Warning Effective Date _____ End Date _____

Previous Corrective Action History

Date of Verbal Warning _____

▶ *List date, action, reason and impact for all previous corrective actions.*

Description of Events

▶ *Describe the recent incident(s), including the date of the incident, what the employee did or did not do, the policy or procedure violated, and how the employee knew the behavior or performance was wrong or inappropriate. Include details of supervisor discussions with the employee.*

Plan and Timeline

Corrective Action Plan

▶ *Include what needs to stop immediately, and what must be improved upon within a specific timeframe.*

Follow-Up Plan and Timeline

▶ *Provide a follow-up plan and a timeline.*

Notice and Acknowledgement

Failure to show immediate and sustained improvement in job performance, behavior or other violations may result in further corrective action, up to and including termination of employment.

▶ *I confirm that I have received the Progressive Corrective Action Form and understand its contents. I agree to comply with the outlined expectations and will take necessary steps to improve.*

Employee Signature _____ Date _____

▶ *I provided this notice and discussed the matter with my employee.*

Supervisor Signature _____ Date _____

▶ *Optional: I was present for the discussion.*

HR Business Partner Signature _____ Date _____

▶ *Please send completed forms to your HR Business Partner.*

NOTE: This form will be stored in the Office of Talent, Culture, and Engagement personnel file.