

Texas Tech University Health Sciences Center
Formal Corrective Action Record

Employee Name _____ R# _____

Position Title _____ Hire date in position _____

Department _____ Supervisor _____

This form is to be used to document a specific formal corrective action taken with the employee. Please reference HSC OP 70.31 or contact HR for guidance. The Supervisor completes this form before presenting to Human Resources (HR) or to the Employee.

___ **Notice of Corrective Action**

___ **Notice of Corrective Action with Suspension** *(Requires AVP HR review PRIOR to presenting to employee)*

___ **Final Notice of Corrective Action** *(Requires AVP HR review PRIOR to presenting to employee)*

1. List all previous communications with the employee regarding performance with type of action(s), issue(s) and date(s):

2. Describe the specific performance concern(s) addressed referencing specific policy(ies) not being met:

3. Document the specific corrective actions and timelines required of the employee to improve performance.

4. Document the follow-up plan for supporting the employee's performance improvement plan.

Supervisor's Signature _____ Date _____

AVP HR Signature _____ Date _____

**Required for Corrective Action with Suspension or Final Notice of Corrective Action PRIOR to presenting to the employee. **

Signing this form does not indicate agreement but does signify that you have had an opportunity to review this document with your Supervisor and that you have received a copy of the document. Employee signature is required to acknowledge receipt.

Employee Signature _____ Date _____

Note: *Failure of the employee to resolve the performance concern(s) may lead to further corrective action including termination.

***Employees receiving Formal Corrective Actions will be ineligible for transfer or promotion for a period of six months.**

___ Copy to employee (**required**)

___ Attachments

___ Completed, signed forms to HR (**required**)

