

**Indiana University South Bend  
Progressive Corrective Action Form  
Bargaining Employees**

Employee Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_

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Corrective Action to be taken on this date: \_\_\_\_\_

- Verbal Warning                       1<sup>st</sup> Written Warning                       2<sup>nd</sup> Written Warning  
 Final Written Warning which may include suspension without pay                       Termination
- 

Previous Corrective Action Taken:

- Verbal Warning \_\_\_\_\_  
 1<sup>st</sup> Written Warning \_\_\_\_\_  
 2<sup>nd</sup> Written Warning \_\_\_\_\_  
 Final Written Warning \_\_\_\_\_ w/suspension without pay     Y     N  
 Termination \_\_\_\_\_
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Description of Unacceptable Performance/Misconduct/Attendance/Violation of Policy:

Date of Infraction: \_\_\_\_\_

Statement of Problem:

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Expectation/Additional Training if Required:

This form is a manner in which Indiana University South Bend formally appraises you of the seriousness of the aforementioned situation. Failure to correct this behavior and /or further violation of University policy may result in additional corrective action up to and including termination.

Employee Comments:

By signing below you are acknowledging that you have received this notice and been given the opportunity to respond. Copies of this form will be provided to the Union.

The employee has been informed of the right to have a representative present at the meeting held to discuss the content of this document.

Employee declined representation

Employee accepts representation

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Supervisor/Department Head                      Date

\_\_\_\_\_  
Human Resources                      Date

\_\_\_\_\_  
Union Representative                      Date