

Indiana University South Bend
Progressive Discipline/Corrective Action Form
Non-Bargaining Employees

Employee Name _____ Date of Hire _____

Position _____ Department _____

Supervisor Name _____

Corrective Action to be taken on this date: _____

☐ Initial Written Warning ☐ Written Warning ☐ Final Written Warning (which may include suspension without pay) ☐ Termination

Previous Corrective Action Taken:

☐ Initial Written Warning (date) _____

☐ Written Warning (date) _____

☐ Final Written Warning (date) _____ (without pay) Y N

☐ Termination (date) _____

Description of Unacceptable Performance/Misconduct/Attendance/Violation of Policy:

Date of Infraction: _____

Statement of Problem:

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Expectation/Additional Training if Required:

Employee Comments:

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

By signing below you are acknowledging that you have received this notice and been given the opportunity to respond.

Employee Signature Date

Supervisor/Dept. Head Signature Date

Human Resources Date

W:\Forms\humanres: 10/17/07; rev. 09/19/08; 06.10.09