



CWA Corrective Action Form

Name: _____ Rocket #: _____ Date: _____
 Position: _____ Department: _____
 Union Representation Present YES NO _____ Employee Initials _____

Check One: Written Reprimand Suspension # days _____ Termination
 Investigatory Meeting held: _____ (Date)

Reason	Behavior	11	12	13	14	15	16	17	18	19	20
<input type="checkbox"/>	Job Abandonment / No Call No Show	<input type="checkbox"/>	Harassment / Fighting / Threatening Behavior	<input type="checkbox"/>	Absenteeism / Tardiness (sick time)	<input type="checkbox"/>	Breach of Confidentiality / HIPAA/ FERPA	<input type="checkbox"/>	Insubordination / Failure to follow a direct order	<input type="checkbox"/>	Alcohol Use / Abuse and/or Chemical Use/Abuse
<input type="checkbox"/>	Failure to Timely Report Off / Late Call In	<input type="checkbox"/>	Unsubstantiated Sexual Harassment	<input type="checkbox"/>	Unsubstantiated Sexual Harassment	<input type="checkbox"/>	Failure to Perform Duties / Unsatisfactory Performance	<input type="checkbox"/>	Other Just Cause (detail below or in a letter)	<input type="checkbox"/>	Failure to maintain licensure/certification/position requirements
<input type="checkbox"/>	Irregular / Patterned Attendance	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time	<input type="checkbox"/>	Dishonesty Theft/ Falsification	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time
<input type="checkbox"/>	Unsafe Conduct / Practices	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time	<input type="checkbox"/>	Loafing/ Sleeping on the Job/ Quitting Early	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time
<input type="checkbox"/>	Failure to Perform Duties / Unsatisfactory Performance	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time	<input type="checkbox"/>	Failure of Good Behavior / Unprofessional	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time
<input type="checkbox"/>	Away from work assignment or location	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time	<input type="checkbox"/>	Neglect of Duties	<input type="checkbox"/>	Failure to follow safety / infection control protocols	<input type="checkbox"/>	Failure to document work time

Brief Description of the Facts: _____

Relevant Policies/Articles: _____

Policy/Article #	Policy/Article Name

Prior Discussion/Coachings/ Discipline: _____

Expectations: _____

Signatures: _____

I agree with above I disagree with above (Written statement may be attached).

My signature below only indicates that I have received this information and understand that future instances may be in corrective action up to and including termination of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Union Rep Signature: _____ Date: _____

Original to Human Resources; Copies to Employee, Department File and Union Office (if applicable)