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Indiana University

**Corrective Action/Counseling Form**

*This form may be used for union covered (AFSCME and CWA) and non-exempt, non-union staff, and part-time employees.*

INSTRUCTIONS: This written record is to formally communicate clear expectations to ensure success at IU. The purpose of corrective action or counseling is to redirect performance, guide on appropriate behavior, and set expectations for employee success.

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| ***NOTE: Generally, use of this form to support additional progressive discipline for union-covered employees is limited to one (1) year from the date issued, provided there has not been corrective action for a similar offense. Exceptions to the 1-year limit should first be discussed with IU HR Employee Relations. Please see page 2 of this document for additional exceptions.*** | |
| **Date Issued:** | **Date of Due Process Meeting:** |
| **Employee Name:** | **Employee ID:** |
| **Employee Classification*:*** *Union* - PAA SM  *Non-Union -* PAC PAO/PAU **or** *Part-Time* | |
| **Employee Department: (e.g. UA-HUMM):** | |
| **Type of Corrective Action or Counseling:**  Counseling  Written Warning  Final Written Warning  Separation | |
| **Reason(s) for Corrective Action or Counseling:** | |
| **Expectations (e.g. goals, deliverables, dates, etc.):** | |
| **Employee Comments** (*optional*)**:** | |
| ***This section should only be completed if the violation is of a serious nature specifically listed below. Otherwise, this section should be left blank. In the case of a serious violation, the one-year limit noted above does not apply. The appropriate box must be checked at the time of issuance.***  ❒ Theft ❒ Falsification ❒ Harassment (sexual/other types prohibited by law) ❒ Workplace violence  ❒ Other serious offenses (please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |

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| **Supervisor Signature:** | **Date:** |
| **Employee Signature\*:** | **Date:** |
| *\*Employee signature indicates acknowledgment and a receipt of copy only; it does not indicate agreement. If the employee refuses to sign, the supervisor will indicate this on the signature line.* | |
| **Distribution:**  (1) Original to employee; (2) Copy to department and department/campus HR; (3) Copy to IU Human Resources  *\*\*Note: If this is a union-covered position, IU HR will provide a copy to the union if they were not included during the meeting.* | |

**Policies for reference and guidance:**

[Corrective Action for Non-Exempt CWA staff (CWA, Local 4818)](https://policies.iu.edu/policies/hr-08-50-corrective-action-support-staff/index.html)

[Corrective Action for Non-Exempt AFSCME Police staff (AFSCME Police, Local 683)](https://policies.iu.edu/policies/hr-08-20-corrective-action-police-service-staff/index.html)

[Corrective Action for Service Staff (Non-Exempt AFSCME Service staff)](https://policies.iu.edu/policies/hr-08-30-corrective-action-service-staff/index.html)

[Corrective Action for Staff Employees Not Covered By a Union](https://policies.iu.edu/policies/hr-08-40-corrective-action-not-union/index.html)

[Corrective Action for Part-Time Employees](https://policies.iu.edu/policies/hr-08-60-corrective-action-temporary-employees/index.html)