

CORRECTIVE AND DISCIPLINARY ACTION FORM

Workplace Conduct/Work Performance Related Deficiencies

Date of Corrective and Disciplinary Action presented to employee: _____

Employee Name: _____ Personnel _____

Department: _____ #: Zip: _____

Title: _____

UNMC Hire Date: _____ Department Hire Date: _____ FTE: _____

☐ Salary/Exempt ☐ Salary/Non-Exempt ☐ Hourly/Non-Exempt ☐ Probationary

Supervisor Name: _____ Zip: _____ Phone #: _____

CORRECTIVE AND DISCIPLINARY ACTION(S) TO BE TAKEN:

☐ **WRITTEN WARNING NOTICE**

☐ **SUSPENSION WITHOUT PAY NOTICE** (requires approval of the UNMC Assistant Vice Chancellor, Executive Director Human Resources or Designee)

Suspension Dates: From: _____ To: _____

☐ Check here if this action includes a "corrective" probation, after "SUSPENSION WITHOUT PAY NOTICE"

Corrective Probation Dates: From: _____ To: _____

☐ **TERMINATION NOTICE**

REASON (S) FOR CORRECTIVE ACTION: (cite in chronological order the specific work product deficiency and/or the inappropriate workplace conduct with date of incidents. Supporting documentation may be attached):

SPECIFIC PLAN FOR IMPROVEMENT (include referrals) and **TIMETABLE** (if applicable) If needed, attach another sheet of paper for plan:

CORRECTIVE AND DISCIPLINARY ACTION FORM

☐

EMPLOYEE
INITIALS

I have been advised that I am not eligible for the grievance process under the **Employee Grievance Process Policy***. If no, please explain:

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EMPLOYEE
INITIALS

I have been advised of my appeal rights under the **Employee Grievance Process Policy***. If no, please explain:

*To review the Employee Grievance Process Policy # 1020 and to obtain the Grievance Process Form go to info.unmc.edu, click on Policies and Forms, click on UNMC Policies, click on "Employee Grievance Process".

Employees who have received a formal disciplinary action are not eligible for transfer for 12 months

Employee Comments:

Employee's Signature: _____ **Date:** _____

Employee Declines to Sign: _____ **Date:** _____

(Supervisor's Initials)

Supervisor's Signature: _____ **Date:** _____

Next Level Mgr/Dept Head _____ **Date:** _____

Human Resources Department: _____ **Date:** _____

1. Send Original to UNMC Human Resources-Employee Relations at 985470 Nebraska Medical Center, Omaha, NE 68198-5470.
2. Provide copies to Employee and the Department File.
3. Questions may be directed to the appropriate Employee Relations Representative at 402/559-4371 or 402/559-8534 or the Employee Relations Director at 402/559-7394 during regular business hours. (8:00 am-5:00 pm, M-F)

Note: Corrective and Disciplinary Action Policy #1098 go to info.unmc.edu, click on Policies and Forms, click on UNMC Policies, click on "Corrective and Disciplinary Action Policy #1098".