



Texas Wesleyan
UNIVERSITY

Progressive Discipline Corrective Action Form

Corrective Action Form

Employee Name: _____ Date: ____/____/____

Job Title: _____ Supervisor: _____

Level of Corrective Action Required:

Written Warning – Level 1 Written Warning – Level 2

Facts Regarding the Performance or Conduct Incident(s):

Corrective Action(s) and Objectives:

Corrective Action(s) To Be Completed By:

Additional Comments:

Signature of Employee

Date

Signature of Supervisor

Date