

**Corrective Action Notice (HRM-19)**

Employee Name:  
 Supervisor:  
 Department:  
 Date of this action:

Employee ID:  
 Supervisor ID:

**Disciplinary Level (check one)**

- Written Reprimand
- Final/2<sup>nd</sup> Written Reprimand in Lieu of Suspension
- Suspension without Pay
- Termination

**Prior Notification (check one)**

- Level of Discipline      Date:              Reason:
  
- Verbal Warning          Date:              Reason:
  
- Written Reprimand      Date:              Reason:
  
- Suspension or Final/2<sup>nd</sup> Warning in Lieu of Suspension      Date:              Reason:

**Incident Description and Supporting Details**

1. Outline details of what occurred to include time, place, date(s) as well as impact on the department and institution.

2. List of violations as outlined in [UNT Policy 1.7.1 Staff Employee Discipline and Voluntary Termination](#) and [UNTHSC Policy 5.901 Performance Counseling and Discipline](#) and [UNT Dallas Policy 5.021 Staff Employee Discipline](#).

**Actions Necessary to Bring About Improvement**

Your performance in the following area(s) is expected to improve immediately. You are expected to: *(list expectations with any specific directions or training that may be applicable):*

**You are expected to perform your job duties efficiently and accurately on a consistent and on-going basis and to comply with all rules, policies, procedures and standards of conduct established by the university and your division or department. Failure to meet these responsibilities can result in further disciplinary action, up to and including termination of employment.**

**Suspension *(write NA if not applicable)***

You are placed on suspension with/without pay for \_\_\_\_\_ working day(s) effective on the date of receipt of this **Corrective Action Notice**. In addition, you will:

**Termination *(write NA if not applicable; circle component)***

Your employment with UNT, UNT Health Science Center, UNT Dallas, UNT Dallas College of Law, UNT System is being terminated effective immediately.

**Employee’s Comments:**

**Employee Acknowledgment**

*If you are a non-faculty employee and you believe that this action violates an existing UNT System policy or administrative directive; violates an existing state or federal law or regulation; or that the conduct for which you are being disciplined constitutes the exercise of a constitutional right or a statutorily protected activity, you may utilize the complaint/grievance process as described in [UNT System Policy 3.1001](#), [UNT Policy 1.7.2](#), [UNTHSC Policy 5.903](#) and [UNT Dallas Policy 5.005](#).*

I have received a copy of this notification. It has been explained to me, and I have been advised to take the time to read it before I sign it. My signature acknowledges receipt of the notification, but not necessarily agreement with the statements made in it.

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness, if employee refuses to sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Distribution**

- Original to Employee
- Copy retained by Supervisor/Department
- Copy to Human Resources at employee’s employer (UNT, UNTHSC, UNT Dallas, UNT Dallas College of Law or UNT System Administration)