



Western  
University  
OF HEALTH SCIENCES

**EMPLOYEE CORRECTIVE ACTION/COUNSELING FORM**

**Date:**

**Employee:**

**Job Title:**

**Supervisor:**

**Action Taken:**

(e.g. Documented Verbal Counseling, Written Corrective Action Memo, Final Corrective Action Memo, Unpaid Suspension, etc.)

**Commented [AR1]:** Please specify the "Action Taken"

We believe that every individual wants to know if satisfactory performance is being achieved and/or if Western University of Health Sciences practices and policies are being violated. Employees are given opportunities to correct unsatisfactory performance.

**I. Please check appropriate box:**

☐ Your conduct is not in keeping with Western University practices and policies for the following reasons:

**Commented [AR2]:** Keep in mind that you are writing to the employee, so please be sure to write in the "Second Person".

Example: Instead of saying – "The did not complete..." or "The Employee has been found..."  
Us: "You did not complete...", or "You have been found"

☐ Your work is unsatisfactory for the following reasons:

**Commented [AR3]:** Keep in mind that you are writing to the employee, so please be sure to write in the "Second Person".

Example: Instead of saying – "The did not complete..." or "The Employee has been found..."  
Us: "You did not complete...", or "You have been found"

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II. **These issues were previously discussed with you on:** \_\_\_\_\_

**Commented [AR4]:** Please provide specific dates/times of previous conversations and clarify if the meetings were verbal, or written.

III. **The following improvements are required immediately/by \_\_\_\_\_ (date). Indicate specific program for improvement, and measurement criteria.** \_\_\_\_\_

**Commented [AR5]:** Please reach out to the HR Office for training list/suggestions.

If there is a specific topic/training you would like the employee to complete, please inform the ER Team.

A **Performance Improvement Plan**, or P.I.P. can be developed with the ER Team, please reach out to [employeerelations@westernu.edu](mailto:employeerelations@westernu.edu)

**Improvement(s) must be substantial and sustained.**

The issues identified in this memo will be taken into consideration should there be any further performance problems of this, or any other nature, or any violation of University policies and procedures.

This corrective action/counseling memo does not alter your at-will employment. The University, consistent with its' Employment At-Will policy, reserves the right to terminate employees, at any time, with or without cause, and with or without advance notice. The contents of this memo are to remain confidential. Should you have any questions or concerns regarding this memo, you are expected to follow-up directly with me.

Failure to comply with the corrective action(s) identified in this document will result in additional disciplinary action up to and including termination of employment.

**I acknowledge that a copy of the above action has been given to me this day and that a copy of this document will be placed in my personnel file.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Director/Chair or Dean of College

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Employee Relations & Title IX Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Human Resources Officer

\_\_\_\_\_  
Date

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