

# Corrective Action Form

## Marquette University

**Employee's Name:**

**Date:**

**Department:**

The purpose of taking corrective action is to inform you of the seriousness of your violation of Marquette University rules or regulations or your failure to fully comply with Marquette University performance standards and to provide you the opportunity to resolve the deficiency(s) outlined in this corrective action form. Failure to correct the deficiencies/infractions, or additional violations, will result in further corrective action, up to and including termination.

**Disciplinary Action Taken:**

- First Written Warning
- Second Written Warning [Enter Date of Previous Action [\_\_\_\_\_]]
- Final Written Warning [Enter Date of Previous Action [\_\_\_\_\_]]

**Reason for Corrective Action:**

**Supervisor Expectations:**  
(Timeframe if Applicable)

**Employee's Plan of Action/Comments:**

**Supervisor's signature:**

**Date:**

**Witness Signature  
(If Present):**

**Date:**

**Employee's signature:**

**Date:**

Your signature does not necessarily indicate agreement with the above action, but confirms receipt of this document.

Cc: Human Resources