



UNT SYSTEM™

Human Resources



Corrective Action Notice (HR-19)

Employee Name: _____
Supervisor: _____
Department: _____

Employee ID: _____
Supervisor ID: _____
Date of this action: _____

Disciplinary Level (check one)

Verbal Warning
Written Warning

Final Written Warning
Final Written Warning w/Suspension without Pay

Prior Notification (check one)

Verbal Warning	Date: _____	Reason: _____
Written Warning	Date: _____	Reason: _____
Final Written Warning	Date: _____	Reason: _____
Final Written Warning w/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 violations as outlined in:

[UNT Policy 5.033](#); [UNTHSC Policy 5.901](#); [UNT Dallas Policy 5.021](#); [UNT System Administration Policy 3.403](#)

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 N/A 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:

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 Administration Policy 3.1001](#), [UNT Policy 5.042](#), [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, or UNT System Administration)

*Sign this document using Adobe Digital ID