



CWA CORRECTIVE ACTION REMOVAL FORM

Date: _____

To: Associate Director of Labor/Employee Relations
The University of Toledo

From: _____
Print Name

I am requesting that the corrective actions identified below be removed from my Human Resources File. The contract provision is the following and I attest that the corrective actions identified below meet these criteria:

32.2 **Disciplinary Removal:** Upon written request to the Director of Labor Relations or designee, an employee shall have the records of any disciplinary action removed from his/her personnel file, provided there have been no reprimands or disciplinary actions of a like nature for a continuous period of two (2) years.

Date of Corrective Action	Level of Corrective Action

Thank you.

Signature

Human Resources

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