



THE UNIVERSITY OF  
**TOLEDO**  
1872

### CWA Sick Time Usage Corrective Action Form

Name:

Rocket #:

Date:

Position:

Department:

Union Representation Present:  YES

NO \_\_\_\_\_ Employee Initials

**Check One:**

Verbal Counseling [5 points]     Written Warning 1 [7 points]     Suspension on Paper 1 [11 points]

Written Warning 2 [9 points]     Suspension on Paper 2 [13 points]     Termination [16 points]

Investigatory Meeting conducted: \_\_\_\_\_ (Date)     N/A [Only required for Termination Level]

**Summary of absences/assessed points:**

**Relevant Policies/Articles:**

Policy/Article # and Name:

3364-25-31: CWA and classified/non-union absenteeism policy

Article 22: Sick Time

**Prior Discussion/Coachings/Warnings:**

**Expectations:**

**Signatures:**

I agree with above

I disagree with above (*Written statement may be attached.*)

*My signature below only indicates that I have received this information and understand it. I also understand that future instances may result in corrective action up to and including termination of employment.*

Employee Signature:

Date:

Supervisor Signature:

Date:

Union Rep Signature:

Date:

**Original to Human Resources; Copies to Employee, Department File and Union Office (if applicable)**