



Responding to Allegations of Research Misconduct (INTERIM POLICY)

Responsible Official:	Vice Chancellor for Research, Innovation, and Economic Development
Responsible Office:	Research Compliance and Integrity
Issuance Date:	12/16/2025
Effective Date:	01/01/2026
Summary:	Implements the Federal Policy on Research Misconduct and intends to stratify the Research Misconduct requirements of the U.S. Department of Health and Human Services, the National Science Foundation, and other federal agencies.
Scope:	<p>Applies to all Research, regardless of the source of funding and/or sponsor, conducted under the auspices of UC Merced by a person who, at the time of the alleged Research Misconduct, was affiliated with UC Merced, including but not limited to faculty and other academic appointees, staff, students, postdoctoral scholars, and visiting scholars.</p> <p>Does not apply to activities undertaken in fulfillment of course requirements, unless there is an expectation of publication or dissemination of the results of such Research outside of UC Merced.</p>

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I. SUMMARY

This Policy affirms UC Merced’s commitment to integrity in Research. It implements the Federal Policy on Research Misconduct (“[Federal Policy](#)”) issued by the Office of Science and Technology Policy (OSTP) in December 2000. This Policy also intends to stratify the Research Misconduct requirements of the U.S. Department of Health and Human Services (DHHS) (“[Public Health Service \(PHS\) Policies](#)”), the National Science Foundation (“[NSF Policy](#)”), and other federal agencies.

This Policy applies to all Research conducted under the auspices of UC Merced by a person who, at the time of the alleged Research Misconduct, was affiliated with UC Merced, including but not limited to faculty and other academic appointees, staff, students, postdoctoral scholars, and visiting scholars. This Policy applies to all Research regardless of the source of funding and/or sponsor. The Policy does not apply to activities undertaken in fulfillment of course requirements (unless there is an expectation of publication or dissemination of the results of such Research outside of UC Merced).

For allegations received before January 1, 2026, the institution will follow the December 2023 [UC Merced Policy and Procedures on Research Misconduct](#); for allegations on or after January 1, 2026, the updated procedures in this Policy shall govern, consistent with the 2024 Final Rule under 42 C.F.R. Part 93.

II. DEFINITIONS

UC Merced adopts the definitions of Research Misconduct provided in the [Federal Policy](#). For convenience, the definitions of some terms are repeated below. Where a sponsor adopts a definition that differs from the Federal Policy, UC will use the sponsor’s definition for responding to allegations of Research Misconduct for Research funded by that sponsor.

Research Misconduct: Fabrication, falsification, or plagiarism in proposing, performing, or reviewing Research, or in reporting Research results.

Research: A systematic experiment, study, evaluation, demonstration, or survey designed to develop or contribute to general knowledge (basic Research) or specific knowledge (applied Research).

III. POLICY TEXT

UC Merced is committed to maintaining the integrity of scholarship and Research, responding to allegations of Research Misconduct, and to fostering a climate conducive to Research integrity in accordance with the [UC Statement of Ethical Values](#). Such integrity includes not only the avoidance of wrongdoing, but also the rigor, carefulness, and accountability that are hallmarks of good scholarship.

All those engaged in Research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity. Open publication and discussion, emphasis on quality of Research, appropriate supervision, maintenance of accurate and detailed Research procedures and results, and suitable assignment of credit and responsibility for Research and publications are essential for fostering intellectual honesty and integrity in Research. Those who supervise Research have a responsibility to maintain an environment that encourages these high standards.

These procedures apply only to Research Misconduct occurring within six years of the date DHHS or UC Merced receives an allegation of Research Misconduct, subject to the following exceptions:

- The six-year time limitation does not apply if the respondent continues or renews any incident of alleged Research Misconduct that occurred before the six-year period through the use of, republication of, or citation to the portion(s) of the Research record alleged to have been fabricated, falsified, or plagiarized, for the potential benefit of the respondent (“subsequent use exception”). For alleged Research Misconduct that appears subject to this subsequent use exception, but UC Merced determines is not subject to the exception, the institution will document its determination that the subsequent use exception does not apply and will retain this documentation for seven years after completion of the institutional proceeding or the completion of any DHHS proceeding.
- The six-year time limitation also does not apply if UC Merced, in consultation with the [Office of Research Integrity \(ORI\)](#) determines that the alleged Research Misconduct, if it occurred, would possibly have substantial adverse effects on the health or safety of the public.

IV. PROCEDURES

Existing University of California policy and procedures assert the responsibility of Principal Investigators in maintaining ethical standards, and direct reporting of allegations to the Chancellor, the Vice Chancellor for Research, Deans, Office of Student Affairs or Internal Audit as appropriate.

All individuals associated with the campus shall report observed or suspected Research Misconduct to the Vice Chancellor for Research and/or the designated Research Integrity Officer (RIO).

An allegation shall, in addition to stating the nature of the suspected misconduct, present evidence that leads the reporting individual to believe that an incident of Research Misconduct has occurred.

The Vice Chancellor for Research or RIO shall respond, as outlined below, to each allegation or other evidence of possible misconduct.

If an individual is unsure whether a suspected incident falls within the definition of Research Misconduct, they may contact the Office of the Vice Chancellor for Research to discuss the suspected misconduct informally. If the circumstances described do not meet the definition of Research Misconduct, the Vice Chancellor for Research may refer the individual or allegation to another office or official with responsibility for resolving the problem.

The informal discussion of possible Research Misconduct, as well as all subsequent stages in this procedure, shall be treated as strictly confidential.

All proceedings shall be kept confidential to the greatest possible extent, consistent with due process and federal requirements. Disclosure of an individual's identity or other details shall be limited to those who have a legitimate need to know (which may include Research sponsors, journals, editors, publishers, and officials at other institutions) and only when necessary for the proceeding.

If PHS funding is involved, the institution's determination is final (for institutional purposes) even if ORI does not adopt that finding, i.e. an ORI finding is *not* required for UC Merced institutional decision-making.

The following describes procedures to be followed once an allegation or other evidence of Research Misconduct is received.

A. ASSESSMENT

The RIO promptly assesses the reported incident to determine if it constitutes an allegation of Research Misconduct. The assessment may be done by the RIO or another designated institutional official in lieu of a committee, with the caveat that if needed, these individuals may utilize one or more subject matter experts to assist in the assessment.

The assessment shall be limited to determining:

1. If the alleged incident fits the definition of Research Misconduct and
2. If the allegation is sufficiently credible and specific so that potential evidence of Research Misconduct may be identified.

If the RIO answers all of the foregoing queries affirmatively, the assessment must be documented, and the allegation shall proceed to an Inquiry.

If the RIO determines that the allegation meets these two criteria, they will promptly: (a) document the assessment and (b) initiate an inquiry and sequester all Research records and other evidence. The RIO must document the assessment and retain the assessment documentation securely for seven years after completion of the misconduct proceedings.

If the RIO determines that requirements for an inquiry are not met, they must keep sufficiently detailed documentation of the assessment of the reasons why the institution did not conduct an inquiry and retain this documentation for 7 years.

B. INQUIRY

1. If the RIO determines that the criteria for an inquiry are met, they will initiate the Inquiry process. The RIO appoints a committee (made up of one or more persons) to conduct an inquiry to determine whether there is sufficient substance to the allegation to warrant a formal investigation. The purpose of the inquiry is not to reach a final conclusion as to whether misconduct occurred or who was responsible. The inquiry review may be done by the RIO or another designated institutional official in lieu of a committee, with the caveat that if needed, these individuals may utilize one or more subject matter experts to assist in the inquiry.
2. Before the start of an inquiry, the Vice Chancellor for Research or RIO, if one is appointed, shall notify the Respondent in writing that an inquiry is being undertaken and of the procedure that will be followed and describes the nature of the misconduct allegation(s).
3. Before or at the time of notifying the respondent(s), or when the inquiry begins, whichever is earlier, the RIO or designated institutional official(s) will obtain the original or substantially equivalent copies of all Research records and other evidence that are pertinent to the proceeding. The RIO or designated institutional official(s) will inventory these materials, sequester the materials in a secure manner, and retain them for seven years. The institution has a duty to obtain, inventory, and securely sequester evidence that extends to whenever additional items become known or relevant to the inquiry or investigation. When appropriate, the institution will give the respondent(s) copies of, or reasonable supervised access to, the sequestered materials.
4. The RIO will appoint an inquiry committee as soon as practical. The inquiry committee must consist of individuals who do not have unresolved personal, professional, or financial conflicts of interest with those involved with the inquiry. The Respondent will be notified of the proposed committee membership. The respondent has five (5) business days to challenge, in writing, the committee's membership based on bias or conflict of interest. The RIO shall determine whether or not to replace the challenged member with a qualified substitute. The Respondent shall be notified of the decision in writing.

5. The inquiry committee, RIO, or other designated institutional official will conduct a preliminary review of the evidence. In the process of fact-finding, the inquiry committee may interview the respondent and/or witnesses.
6. If the Research at issue receives or has received federal funding, and, at any point during a subsequent investigation, it is ascertained that any of following seven conditions pertain, the Vice Chancellor for Research shall notify the sponsoring federal agency. [For example, the Office of Research Integrity (ORI) of the Department of Health and Human Service (DHHS)].
 - a. Health or safety of the public is at risk, including an immediate need to protect human or animal subjects.
 - b. DHHS resources or interests are threatened.
 - c. Research activities should be suspended.
 - d. There is reasonable indication of possible violations of civil or criminal law.
 - e. Federal action is required to protect the interests of those involved in the Research Misconduct proceeding.
 - f. The Research institution believes the Research Misconduct proceeding may be made public prematurely so that HHS may take appropriate steps to safeguard evidence and protect the rights of those involved.
 - g. The Research community or public should be informed.
7. In the case of federally funded Research, the campus shall take appropriate interim administrative actions to protect federal funds and ensure that the purpose of the federal financial assistance is carried out.
8. Matters pertaining to the inquiry shall be treated confidentially to the maximum extent possible consistent with fact-finding and required reporting to funding agencies and others who have a need to know.

9. The entire Inquiry process shall normally be completed within ninety (90) calendar days following the appointment of the Inquiry committee. If circumstances warrant a longer inquiry period, the reason for exceeding the time limit will be sufficiently documented in the inquiry report.
10. A written report of the inquiry will be prepared and submitted to the RIO. The Inquiry report should include:
 - a. Identification of the respondent/complainant
 - b. A description of the allegation(s) of Research Misconduct
 - c. A description of PHS /NSF support, including any grant numbers, grant applications, contracts, and publications listing the applicable federal agency support.
 - d. The composition of the inquiry committee, if used, including name(s), position(s), and subject matter expertise
 - e. A basis for recommending whether the allegation(s) warrant an investigation
 - f. A description of analyses conducted
 - g. Transcripts of interviews, if transcribed
 - h. Inquiry timeline and procedural history
 - i. An inventory of sequestered Research records and other evidence and description of how sequestration was conducted
 - j. Any institutional actions implemented, including internal communication or external communications with journals or funding agencies
 - k. Comments on the inquiry report from the respondent
 - l. The basis on which any allegation(s) does not merit further investigation
 - m. Documentation of potential evidence of honest error or different of opinion

11. The individual(s) against whom the allegation was made shall be provided a copy of the inquiry report and shall be given ten calendar days to comment in writing. When comments are provided, they shall be included in the record.
12. Records of the inquiry, including all documentary evidence, interview notes, and the inquiry report, shall be maintained in a secure manner for seven years after completion of the Research Misconduct proceedings.
13. If the inquiry determines that an investigation is not warranted, documentation of this determination will be sufficiently documented to permit a later review by ORI and will be maintained in a secure manner for at least seven years after the termination of the inquiry.
14. If the inquiry finds sufficient evidence to warrant a formal investigation, the RIO will promptly (within 30 calendar days) initiate the Investigation process.

C. INVESTIGATION

1. An investigation committee with a designated Chairperson shall be appointed by the RIO to recommend findings to the Institutional Deciding Official (IDO) who will make the final determination on whether there exists sufficient evidence to support that Research Misconduct has occurred and any institutional actions. The investigation phase shall be completed within 180 calendar days from the appointment of the investigation committee, unless circumstances warrant a longer period. If unable to complete the investigation in 180 calendar days and if PHS funding is involved, the university must ask ORI for an extension in writing that includes the circumstances or issues warranting additional time. The reasons for the extension shall be documented. If unable to complete the investigation in 180 days and NSF funding is involved, NSF may require submission of periodic status reports.
 - a. **In the case of a faculty member being accused**, the investigative committee shall be appointed by the RIO. It will be constituted from members of the faculty, and contain from one to three members. A larger committee may be appointed if in the opinion of the RIO it would facilitate the investigation.

- b. **In the case of academic researchers (visiting scholars, post-doctoral fellows, professional researchers, non-faculty academics, etc.),** the RIO appoints an investigative committee that, typically, will include a member of the researcher's relevant peer group plus one or two members of the faculty.
 - c. **In the case of a student (undergraduate and graduate students) being accused,** the RIO appoints an investigative committee of from one to three members of the faculty.
 - d. **In the case of the Vice Chancellor for Research being accused,** the investigative committee shall be appointed by the Executive Vice Chancellor for Academic Affairs. It will be constituted from members of the faculty and contain from one to three members. A larger committee may be appointed if, in the opinion of the Executive Vice Chancellor, it would facilitate the investigation.
2. When PHS funding is involved, ORI will be notified of the decision to begin an investigation within 30 days of deciding an investigation is warranted and the institution will provide to ORI an inquiry report that meets the requirements that an investigation will be initiated.
 3. Within 30 days of determining that an investigation is warranted and before the investigation begins, the RIO shall notify the Respondent(s) in writing that an investigation is being undertaken, inform them of the allegations that are under investigation, as well as of the composition of the investigation committee, and the procedures that shall be followed in the course of the investigation.
 4. The Respondent has five business days to challenge, in writing, the committee's membership based on bias or conflict of interest. The RIO shall determine whether to replace the challenged member with a qualified substitute.
 5. The investigation may include examination of pertinent documents, including but not necessarily limited to relevant Research data and proposals, publications, correspondence, and memoranda. The investigative committee conducts interviews as part of its fact-finding process, including interviews with the respondent, complainant

and witnesses. Interviews during the investigation must be recorded and transcribed. The transcriptions shall be made available to the relevant interviewee for corrections. The respondent must not be present during the complainant's or witnesses' interviews, but must be provided with transcripts of those interviews with redactions as appropriate to maintain confidentiality.

6. During an investigation, the institution may add new respondents or additional allegations discovered in the course of the proceeding. It is not always necessary to conduct a new inquiry for the added items; the institution may choose to incorporate them into the ongoing investigation, depending on circumstances.
7. When multiple institutions are involved in a Research Misconduct proceeding, one institution should be designated as the "lead institution." The lead institution should obtain the Research records from other relevant institutions.
8. All individuals affected by the investigation shall be accorded confidential treatment to the maximum extent possible in an investigation. The Respondent is not entitled to an opportunity to attend the investigation committee's interviews or deliberations. The Respondent may have an attorney or other representation present if interviewed. However, the attorney or representation may attend to listen only but not to participate.
9. If an investigation is terminated before its completion, a report of the termination, including the reasons for such an action, shall be made to those federal funding agencies that require it (for example, the Office of Research Integrity of DHHS).
10. The campus will notify relevant federal funding agencies if, during the course of the investigation, facts are disclosed that may affect current or potential federal funding for individual(s) under investigation or that the federal agency needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.
11. When the investigation is completed, the Chair of the investigative committee shall prepare, and submit to the IDO, a written report for each respondent. The investigation report shall include:

- a. Description of the nature of the allegation(s) of Research Misconduct, including any additional allegation(s) addressed during the Research Misconduct proceeding.
- b. Description and documentation of federal agency support, including any grant numbers, grant applications, contracts and publications listing PHS and non-PHS federal agency support. This documentation includes known applications or proposals for support that the respondent has pending with PHS and non-PHS Federal agencies.
- c. Description of the specific allegation(s) of Research Misconduct for consideration in the investigation of the respondent.
- d. Composition of investigation committee, including name(s), position(s), and subject matter expertise.
- e. Inventory of sequestered Research records and other evidence, except records the institution did not consider or rely on; and a description of how any sequestration was conducted during the investigation. This inventory must include manuscripts and funding proposals that were considered or relied on during the investigation.
- f. Transcripts of investigation interviews conducted.
- g. Identification of the specific published papers, manuscripts submitted but not accepted for publication (including online publication), PHS funding applications, progress reports, presentations, posters, or other Research records that allegedly contained the falsified, fabricated, or plagiarized material.
- h. Any scientific or forensic analyses conducted.
- i. The institutional policies and procedures under which the investigation was conducted.

- j. Any comments made by the respondent on the draft investigation report and the investigation committee's consideration of those comments.
- k. A statement for each separate allegation of whether the investigation committee recommends a finding of Research Misconduct.

12. If the investigation committee recommends a finding of Research Misconduct for an allegation, the investigation report must, for that allegation:

- a. Identify the individual(s) who committed the Research Misconduct.
- b. Indicate whether the Research Misconduct was falsification, fabrication, and/or plagiarism
- c. Indicate whether the Research Misconduct was committed intentionally, knowingly, or recklessly,
- d. identify any significant departure from the accepted practices of the relevant Research community and that the allegation was proven by a preponderance of the evidence
- e. Summary of the facts and analysis supporting the conclusion and consider the merits of any explanation by the respondent
- f. Identify the specific PHS support; and
- g. State whether any publications need correction or retraction.

13. If the investigation committee does not recommend a finding of Research Misconduct for an allegation, the investigation report must provide a detailed rationale for its conclusion.

14. The RIO shall make the draft investigation report available to the Respondent(s) for comment. The respondent (s) shall have thirty (30) calendar days to submit any comments on the draft investigation report.

15. The IDO will review the investigation report and make a final determination of Research Misconduct findings. This determination must be provided in a written decision that includes whether the institution found Research Misconduct and, if so, who committed the misconduct as well as a description of relevant institutional actions taken or to be taken. The IDO's determination will be added to the case record. If appropriate and/or required, communicate the findings to relevant agencies external to the University within ten days.
16. If PHS funding is involved, the institution shall submit to ORI an institutional record, which shall include assessment documents; inquiry and investigation reports and related documents; interview transcripts; decisions by the Deciding Official; and an index of all Research records and evidence compiled during the proceeding, plus a general description of sequestered but not relied-upon materials.

D. OTHER PROCEDURES AND SPECIAL CIRCUMSTANCES

1. Multiple Institutions and Multiple Respondents

If the alleged Research Misconduct involves multiple institutions, the university may work closely with the other affected institutions to determine whether a joint Research Misconduct proceeding will be conducted. If so, the cooperating institutions will choose an institution to serve as the lead institution. In a joint Research Misconduct proceeding, the lead institution will obtain Research records and other evidence pertinent to the proceeding, including witness testimony, from the other relevant institutions. By mutual agreement, the joint Research Misconduct proceeding may include committee members from the institutions involved. The determination of whether further inquiry and/or investigation is warranted, whether Research Misconduct occurred, and the institutional actions to be taken may be made by the institutions jointly or tasked to the lead institution.

If the alleged Research Misconduct involves multiple respondents, the university may either conduct a separate inquiry for each new respondent or add them to the ongoing

proceedings. The institution must give additional respondent(s) notice of and an opportunity to respond to the allegations.

2. Respondent Admissions

For cases involving PSH funding, the Institution will promptly notify ORI in advance if at any point during the proceedings (including the assessment, inquiry or investigation) it plans to close a Research Misconduct case because the respondent has admitted to committing Research Misconduct or a settlement with the respondent has been reached. If the respondent admits to Research Misconduct, the institution will not close the case until providing ORI with the respondent's signed, written admission. The admission must state the specific fabrication, falsification, or plagiarism that occurred, which Research records were affected, and that it constituted a significant departure from accepted practices of the relevant Research community. The institution must not close the case until giving ORI a written statement confirming the respondent's culpability and explaining how the institution determined that the respondent's admission fully addresses the scope of the misconduct.

3. Need-to-know basis

The University is not prohibited from disclosing information regarding the alleged Research Misconduct on a need-to-know basis to those individuals responsible for oversight of Respondent's Research or to other University officials such as supervisors, department chairs and deans. The RIO may determine when the release of information regarding the alleged Research Misconduct is necessary or appropriate.

E. DISCIPLINARY PROCEDURES

1. If, **in the case of a faculty member being accused**, and the institution intend to file charges pursuant to the imposition of disciplinary sanctions, the processing of those charges shall proceed in accordance with the provisions of the [UC Academic Personnel Manual under University Policy on Faculty Conduct and the Administration of Discipline \(APM 016\)](#).

2. If, **in the case of an academic researcher being accused** (Visiting Scholars, Post-Doctoral Fellows, Professional Researchers, Non-Faculty Academics, etc.), the institution intends to impose disciplinary sanctions, the Respondent is notified in writing of such intention, and is invited to respond to the allegations and proposed discipline in a personal conference with the RIO.
 - a. The Respondent and the RIO may each bring a representative of their choice to such a conference. If the RIO and the Respondent arrive at a mutually agreeable resolution the matter shall be resolved according to the terms of that resolution.
 - b. If the resolution includes disciplinary action, or if no resolution is reached and the Respondent has indicated that they do not intend to contest the proposed discipline, the institution may proceed with imposing the discipline.
 - c. If discipline is imposed without the Respondent's agreement, the Respondent may use the appeal process outlined in Academic Personnel Manual Section 140 (Non-Senate Academic Appointees/Grievances).
3. If, **in the case of students (graduate and undergraduate) being accused**, there is a finding of Research Misconduct, the investigation report, the student's response, and the recommendation as to appropriate disciplinary sanctions, if any, will be forwarded to the Office of Student Affairs for an undergraduate student or the Graduate Dean and School's Dean if the respondent is a graduate student, which following its procedures, decides on the matter of discipline.
4. If, **in the case of staff being accused**, there is a finding of Research Misconduct, the investigation report, the respondent's response, and the recommendation as to the appropriate disciplinary actions, if any, will be forwarded to the Associate Vice Chancellor, Campus Human Resources, which following its procedures, decides on the matter of discipline.

V. RESPONSIBILITIES

All members of the UC Merced Research community are expected to cooperate in reporting suspected Research Misconduct and in responding to allegations by acting in good faith, providing Research records and other relevant information to Research Integrity Officers and other UC officials in the course of their review of allegations of Research Misconduct, participating in Research Misconduct proceedings, and refraining from retaliation or interference with a Research Misconduct proceeding.

1. **Institutional Deciding Official (IDO)** is responsible for making final determinations of Research Misconduct findings. The same individual cannot serve as both the Deciding Official and the Research Integrity Officer.
2. **Research Integrity Officer (RIO)** is responsible for compliance and implementation, including establishing appropriate procedures and documentation.
3. **Principal Investigators** have primary responsibility for the scientific integrity and management of the Research project. They must:
 - a. Be knowledgeable about and follow all applicable institutional and U.S. government policies, requirements, and regulations regarding Research Misconduct.
 - b. Comply with their UC Merced policies and procedures implementing this Policy and any extramural contract and grant terms and conditions supporting their Research.

VI. REFERENCES AND RESOURCES

Federal Law and Policy

- Office of Science and Technology Policy, [Federal Policy on Research Misconduct](#) (Dec. 6, 2000)
- Health and Human Services Department, [Public Health Service Policies on Research Misconduct](#), 42 CFR, Part 93

- National Science Foundation, [Research Misconduct](#), 45 CFR, Part 689
- Dept. of Energy, [Allegations of Research Misconduct](#), 10 CFR, Part 733, and [Research Misconduct](#), 2 CFR § 910.132
- Dept. of Agriculture, [Research Institutions Conducting USDA-Funded Extramural Research; Research Misconduct](#), 2 CFR, Part 422
- NASA, [Research Misconduct](#), 14 CFR, Part 1275
- [The Office of Research Integrity \(ORI\) website](#)
 - [ORI Sample Policy & Procedures](#)
- [Executive Order, Restoring Gold Standard Science \(May 23, 2025\)](#)
- [OSTP, Agency Guidance for Implementing Gold Standard Science in the Conduct & Management of Scientific Activities \(Jun. 23, 2025\)](#)

UC Policy

- [Regents Policy 1111: Policy on Statement of Ethical Values and Standards of Ethical Conduct](#)
- [Use of Animals in Research and Teaching](#)
- [Protection of Human Subjects in Research](#)
- [Research Data and Ownership Policy](#)
- [Academic Personnel Manual](#), such as [The Faculty Code of Conduct \(APM-015\)](#)
- [Personnel Policies for Staff Members](#), such as [PPSM-62: Corrective Action](#)

VII. REVISION HISTORY

Date	Action/Summary of Changes
12/16/2025	Policy Revised and issued in Interim. Revisions include: <ul style="list-style-type: none"> • Revisions to conform with updated PHS Policy effective Jan. 1, 2026 (issued Sept. 17, 2024).
12/1/2023	Original Policy issued