

## Employee Corrective Action Plan

### INSTRUCTIONS:

This plan is to be completed by the first-line supervisor within ten (10) workdays of notification to employee that there is a deficiency or deficiencies in their job performance. The completed plan may incorporate input from the employee and is to be reviewed with them prior to its implementation.

The supervisor will provide completed copies to:

- Employee
- Employee's Immediate Supervisor
- Disability Supervisor
- Executive Director
- Human Resource Office

### PART I: GENERAL INFORMATION

- Employee's  
Name: \_\_\_\_\_

First

Middle

Last

- Reason for Corrective Action Plan (check one)

☐

Unsatisfactory Performance Evaluation

☐

Critical Job Performance Incident

☐

Employee Standards of Conduct Violation

☐

Other (Please provide explanation(s))

\_\_\_\_\_

\_\_\_\_\_

### PART II: CORRECTIVE ACTION TIMEFRAMES

- Implementation Date

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

- Completion Date

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

### PART III: SIGNATURES/DATES

- Employee: \_\_\_\_\_  
Name Position Title Work Unit Date

- Supervisor: \_\_\_\_\_  
Name Position Title Work Unit Date