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