



Corrective Action Plan

Employee name: _____ Title: _____

Supervisor name: _____ Title: _____

A. Initial Meeting

1. What is the performance or conduct **issue**? (If applicable, include date of incident.)

2. What is the **expected** performance or conduct and why is it **important** to meet expectations?

3. What **actions** will the employee take to achieve the required improvement? (Specify target dates for completion.)

4. What **resources** or support, if any, will be provided to assist the employee in making the required improvement?

5. What are the **consequences** to the employee of failure to improve?

6. How will successful improvement be **measured** and when will the supervisor and employee meet again **follow up** on progress?

Signatures below indicate this performance improvement plan has been reviewed with employee.

	Signature	Date
Employee:		
Supervisor:		

B. Initial Follow Up – Due _____

- 1. Has the performance issue been resolved?
 Yes No

- 2. Supervisor's comments:

Signatures below indicate the follow-up discussion has been conducted.

	Signature	Date
Employee:		
Supervisor:		

C. Secondary Follow Up – Due _____

- 3. Has the performance issue been resolved?
 Yes No

- 4. Supervisor's comments:

Signatures below indicate the follow-up discussion has been conducted.

	Signature	Date
Employee:		
Supervisor:		

D. Final Follow Up – Due _____

- 5. Has the performance issue been resolved?
 Yes No

- 6. Supervisor's comments:

Signatures below indicate the follow-up discussion has been conducted.

	Signature	Date
Employee:		
Supervisor:		