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.

Employee: ______________________________ 
Signature ______________________________ Date ______________________________

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.

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<th>Signature</th>
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<td>Supervisor:</td>
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C. Secondary Follow Up – Due ________________

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

4. Supervisor’s comments:

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D. Final Follow Up – Due ________________

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

6. Supervisor’s comments:

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