



## 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:		