SAMPLE

CORRECTIVE ACTION PLAN

Employee:	Supervisor:	
Position:	Department:	Date:

Type of Problem:

- ☐ Tardiness
- ☐ Absenteeism
- ☐ Insubordination
- ☐ Policy Violation
- ☐ Quality of Work
- ☐ Poor Production
- ☐ Dress Code
- ☐ Language
- ☐ Safety Violation
- ☐ Drug/Alcohol
- ☐ Fighting
- ☐ _____

To Be Completed by Supervisor and Employee Collaboratively

1. What specific areas of the employee's performance or conduct need improvement? Describe the incidents or problems that necessitated a corrective action plan:

2. In what other ways does the employee feel they can improve their performance or conduct? What are the employee's goals and objectives?

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3. What are the required standards of [company] in the areas described above? Be specific; refer as appropriate to company policies and rules.

4. What specific actions does the employee need to take to meet or exceed these standards and avoid further disciplinary action?

5. How can the supervisor help the employee achieve these goals?

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Corrective Action Plan Schedule

Issues To Be Addressed	Actions To Be Taken/Goals	Follow-up Date(s)
		___/___/___
		___/___/___
	☐ Goal Achieved	___/___/___
		___/___/___
		___/___/___
	☐ Goal Achieved	___/___/___
		___/___/___
		___/___/___
	☐ Goal Achieved	___/___/___
		___/___/___
		___/___/___
	☐ Goal Achieved	___/___/___
		___/___/___
		___/___/___
	☐ Goal Achieved	___/___/___

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To the Employee:

This corrective action plan is an opportunity for you to work collaboratively with your supervisor towards resolving and improving issues of misconduct or poor performance. If you do not address these issues immediately, or if other problems arise, you may be subject to discipline, up to and including termination. This plan will be placed in your personnel file.

This plan does not create, implicitly or explicitly, an employment contract, a guarantee of continued employment, nor any legal obligations on your part or the part of [company]. Neither your achievement of the agreed-upon goals, nor your best efforts at taking corrective action towards the agreed-upon goals, shall modify your status as an at-will employee. Your employment may be terminated or you may voluntarily terminate your employment at any time.

It is [company's] hope that you will be able to achieve the goals set forth in this plan, and that you will continue to be a valued employee of our company.

Your signature below acknowledges that you have discussed this plan with your supervisor and received a copy of the plan. If you have other questions regarding this disciplinary action or the company's disciplinary procedure, please ask your Human Resources Representative.

Employee's signature:	Date: ___/___/___

Supervisor's signature:	Date: ___/___/___

Human Resources Representative's signature:	Date: ___/___/___

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