**RECORD OF EMPLOYEE PERFORMANCE AND/OR WORKPLACE BEHAVIOR CORRECTIVE ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** |  | **Position** |  | |
| **Department** |  | **Date of Corrective Action Discussion** | |  |

**CORRECTIVE ACTION PLAN -** A Corrective Action Plan is a documented plan intended to address specific performance and/or workplace behavioral concerns and to correct the situation(s). Disciplinary action (i.e., written warning, probation, suspension, etc.) is an optional part of a Corrective Action Plan, and may be used at the supervisor’s discretion for specific incidents or to bring the seriousness of a situation to the employee’s attention. Please document any disciplinary action and attach to this form.

**Attach Current Job Description** (if needed, please contact Human Resources at (509) 313-5996)

**Describe the performance and/or workplace behavior concern(s):**

|  |
| --- |
|  |

**What is the scope and seriousness of performance and/or workplace behavior concern? (Effect on department operations, staff, University, public, etc):**

|  |
| --- |
|  |

**Rev. 10/1/12**

**What specific performance and/or behavior expectations (outcomes) will resolve the concern(s)?**

|  |
| --- |
|  |

**What actions will SUPERVISOR take to assist in resolving concern(s)?**

|  |
| --- |
|  |

**What actions will EMPLOYEE take to resolve concern(s) (completed by Employee and discussed with Supervisor)?**

|  |
| --- |
|  |

**Employee will contact the University Employee Assistance Program (EAP). Employee Initial: \_\_\_\_\_\_\_\_\_\_**

As a part of this process, employees are strongly encouraged to contact the University Employee Assistance Program (EAP). A handout on the EAP is attached. During this process, the EAP is a resource to provide support in resolving a work issue such as adjusting to change and expectations, and/or developing skills and techniques. Please contact the EAP at 1-877-595-5284 or www.guidanceresources.com.

**What is the time frame of the Corrective Action Plan?**

|  |
| --- |
|  |

**How will progress be evaluated, and by whom?** **What are the next steps if the situation(s) is not corrected or if insufficient improvement is not maintained?**

|  |
| --- |
|  |

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Human Resource’s**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s signature confirms that the situation was discussed with the employee. It does not mean that the employee agrees with the information. Employee should be provided a copy of this Corrective Action Plan.**

**I understand that if insufficient improvement (as defined by my supervisor) or if serious misconduct occurs any time during the designed corrective action period, future employment action may be taken at any time.**

**Employee Comments:**

|  |
| --- |
|  |

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The expectations outlined in this Corrective Action Plan have been met as of \_\_\_\_\_\_\_\_\_\_\_\_ (Date).**

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The expectations outlined in this Corrective Action Plan have not been met. The Corrective Action Plan evaluation period will be extended until \_\_\_\_\_\_\_\_\_\_\_\_ (Date).**

**The explanation for extending the Corrective Action Plan include:**

|  |
| --- |
|  |

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The expectations outlined in this extended Corrective Action Plan have been met as of \_\_\_\_\_\_\_\_\_\_\_\_ (Date).**

**Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**