

Corrective Action Plan

- ◆ Date of Corrective Action: _____
 - ◆ Employee Receiving Corrective Action: _____
 - ◆ Position of Employee Receiving Corrective Action: _____
 - ◆ Department of Employee Receiving Corrective Action: _____
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1. Issue of Concern

2. Facts Associated with Concern

3. Impact on Organization

4. Desired Performance

5. Plan to Achieve Desired Performance

6. Consequences if Desired Performance Not Attained

I have reviewed this document and agree to abide by its terms.

Employee's Printed Name

Employee's Signature

Date

Supervisor's Printed Name

Supervisor's Signature

Date

Witness's Printed Name

Witness's Signature

Date