



## Corrective Action Plan (CAP)

<b>Employee Name:</b>		<b>Position:</b>	
<b>Corrective Action Taken</b>		<b>Date/Timeframe (i.e. 30 days):</b>	

**Instructions:**

1. The Supervisor and Employee should complete the initial CAP during a meeting within one (1) week of the Corrective Action Decision.
2. The Supervisor should obtain needed signatures on the next page, last section, then attach to the Corrective Action Decision Form.
3. The last column should be filled in by the Supervisor as you meet with the Employee on a recurring basis to gauge progress (timeframes to be agreed upon). The Supervisor and the Employee should date and sign in the spaces provided on the next page after each review.
4. Once all behavior(s) and performance issues have improved to the point that the Employee is back in compliance and the initial timeframe the CAP covers has expired, the CAP is completed.

Employee behavior(s) & performance needing improvement	The following are the commitments agreed upon by the supervisor and employee	What improvement have you (supervisor) noticed in the employee's behavior/performance? (progress notes-attach additional pages as necessary)
1.		



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2.		
3.		
4.		



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Dates Reviewed with Employee	Employee Signature	Supervisor Signature

Position	Signature	Date
Employee		
Supervisor		
Department Director or Designee		
Employee Relations Consultant		