| **Corrective Action Plan** |
| --- |
| Employee Supervisor |
| Position Department |
| **Type of Problem**  □ Quality of Work □ Safety Violation □ Abuse of Equipment  □ Tardiness □ Sub standard performance □ Fighting/Physical Horseplay  □ Absenteeism □ Dress Code □ GMP Violation  □ Insubordination □ Abusive Language □ Fraud or attempted fraud  □ Policy Violation □ Falsifying Co. Records □ Training  □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **□ Step 1 = Initial implementation of Corrective Action**  **□ Step 2 = Second attempt of Corrective Action**  **□ Step 3 = Final attempt of Corrective Action** |
| 1. Identify the specific aspects of the employee’s performance or behavior that require improvement. Provide a clear description of the incident(s) or issue(s) that led to the development of this corrective action plan.  \_\_\_\_\_          2. What are the company’s required standards in the areas identified above? Please be specific and reference applicable policies, procedures, or rules where appropriate.          3.What specific steps must the employee take to meet or exceed the required standards and prevent further disciplinary action?  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_    4. In what ways can the supervisor provide support to help the employee achieve these goals?        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

##### **Corrective Action Plan Schedule**

(attach additional schedule pages if needed)

**To the Employee:**

This corrective action plan is designed to provide you with the opportunity to work with your supervisor to address and improve concerns related to performance or conduct. If improvements are not made promptly, or if additional issues arise, further disciplinary action may be taken, up to and including suspension or termination. A copy of this plan will be placed in your personnel file.

It is the [ company name ] expectation that you will meet the goals outlined in this plan and continue to contribute as a valued employee.

Your signature below confirms that you have reviewed this plan with your supervisor and received a copy. If you have questions about this disciplinary action or the company’s disciplinary procedures, please contact Human Resources.

| Employee’s signature | | Date  / / \_\_\_\_ \_ |
| --- | --- | --- |
| Supervisor’s signature | Date  / / \_\_\_\_ \_ | |
| Human Resources Representative’s signature | Date  / / \_\_\_\_ \_ | |
| Union Representative’s signature (when applicable) | Date  / / \_\_\_\_ | |