

## Corrective Action Plan

**Policy:** An employee who is not meeting baseline expectations in their work role will be given an opportunity to improve their job performance.

**Procedure:**

1. Supervisor should contact the Human Resources Director for consultation regarding intent to complete CAR on employee performance.
2. Supervisor will identify with employee which areas of job performance do not meet baseline expectations.
3. Together the employee and supervisor will write out each baseline expectation on the Corrective Action form and list tasks or activities which will help the employee improve their job performance.
4. Identify timelines for progress and evaluation. The progress and evaluation of tasks will be noted on the form.
5. At completion of initial conference, the white copy of the Corrective Action Plan will be placed in the employees personnel file and a photocopy will be given to the employee.

At the completion of the Corrective Action Plan, the employee will retain the yellow copy and the supervisor will place the pink copy in the employees personnel file.

**UMCHS, Inc**

**Corrective Action Plan**

An employee who is not meeting baseline expectations in their work role and has had concerns addressed before will be given an opportunity to improve their job performance. This plan will be carefully outlined with the employee by their supervisor and will be monitored on a weekly basis.

Name/Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Describe the performance and/or workplace behavior concern(s): :</b>		
Has this concern been addressed in a <u>Corrective Action Plan</u> in the past? <input type="checkbox"/> Yes Date: _____		
<input type="checkbox"/> No but concern was previously addressed on:		
<b>What specific performance and/or behavior expectations (outcomes) will resolve the concern(s)?</b>		
<b>Describe below the actions that the EMPLOYEE will take to resolve concern(s) (completed by Employee and Supervisor)?</b>		
<b>Tasks:</b>	<b>Timeframe</b>	<b>Dates of Progress/Evaluation:</b>
<b>What actions will the SUPERVISOR take to assist in resolving concern(s)?</b>		
<b>What are the next steps if the situation(s) is not corrected or if insufficient improvement is not maintained?</b>		

Supervisor'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 \_\_\_\_\_

Human Resources Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

**The expectations outlined in this extended Corrective Action Plan have not been met. (Recommendation for the employee to be dismissed)**

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_