**[](https://www.smartsheet.com/try-it?trp=11714&utm_source=integrated-content&utm_campaign=/content/corrective-action-plan-templates&utm_medium=Employee+Corrective+Action+Plan+Template+for+HR+doc+11714&lpa=Employee+Corrective+Action+Plan+Template+for+HR+doc+11714)EMPLOYEE CORRECTIVE ACTION   
PLAN TEMPLATE FOR HR**

| EMPLOYEE NAME | ROLE / TITLE | EMPLOYEE ID |
| --- | --- | --- |
|  |  |  |

| SUPERVISOR | DEPARTMENT | DATE |
| --- | --- | --- |
|  |  |  |

## 

## **AREAS OF CONCERN**

In what areas has the employee not met expectations?

|  |
| --- |
|  |

# Previously addressed issues

Provide details of any previously addressed issues, the context, and the outcome of discussions or training.

## **OBSERVATIONS**

|  |
| --- |
|  |

## **PREVIOUS DISCUSSIONS**

|  |
| --- |
|  |

**ADDITIONAL TRAINING**

|  |
| --- |
|  |

# IMPROVEMENT GOALS

Provide specific goals as they relate to areas of concern to be addressed and improved upon.

|  |  |  |
| --- | --- | --- |
| **GOAL #** | **GOAL DESCRIPTION** | **ISSUE ADDRESSED BY MEETING GOAL** |
|  |  |  |
|  |  |  |
|  |  |  |

# EXPECTATIONS

To demonstrate progress toward improvement goal achievement, the following performance standard expectations must be met.

|  |
| --- |
| **EXPECTATION DESCRIPTION** |
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|  |
|  |
|  |

# GOAL ACTIVITIES

List activities that will aid to achieve the improvement goals set above.

|  |  |  |  |
| --- | --- | --- | --- |
| **GOAL #** | **ACTIVITY** | **START**  **DATE** | **PROJECTED DATE OF COMPLETION** |
|  |  |  |  |
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# RESOURCES

List resources available to complete goal activities; for example, training materials, training activities, seminars, peer mentoring, management support, etc.

|  |  |
| --- | --- |
| **RESOURCE NAME** | **DESCRIPTION OF RESOURCE** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# PROGRESS MONITORING

Provide an evaluation schedule to monitor progress of improvement activities.

## **FOLLOW-UP SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE SCHEDULED** | **ACTIVITY** | **CONDUCTED BY** | **DATE COMPLETED** |
|  | 30-Day Review |  |  |
|  | 45-Day Review |  |  |
|  | 60-Day Review |  |  |
|  | 90-Day Review |  |  |

## **PROGRESS BENCHMARKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GOAL #** | **ACTIVITY** | **DATE OF CHECK** | **FOLLOW-UP METHOD**  phone, email, mtg. | **EXPECTED PROGRESS** | **COMMENTS** |
|  |  |  |  |  |  |
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## **TIMELINE FOR IMPROVEMENT, CONSEQUENCES, AND EXPECTATIONS**

Provide a summary of any stipulations placed upon the performance improvement plan, consequences of insufficient effort, and any legal concerns, such as confidentiality as related to this document.

|  |
| --- |
|  |

# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

| SUPERVISOR NAME | SUPERVISOR SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
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