

**CORRECTIVE ACTION PLAN (CAP)**

<b>Employee Name:</b>		<b>Date:</b>	
<b>Job Title / Dept:</b>		<b>Supervisor:</b>	
<b>HR Manager or Witness Name:</b>			
<b>Prior Warning Given</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date of Prior Warning:</b>		
<b>Description of Prior Warning:</b>			
<b>Level of Corrective Action</b>			
<input type="checkbox"/> Verbal Warning/Counseling <input type="checkbox"/> Written Warning/Reprimand <input type="checkbox"/> Suspension <input type="checkbox"/> Termination			
<b>Facts (Problem/Issue):</b>	<i>(Please state the issue in which the employee is being given a corrective action for, address the section in the handbook in which the employee is violating. Attach additional pages if necessary)</i>		
<b>Employee's Explanation:</b>	<i>(Please state the employees reasoning, if any, for why the incident occurred. Attach additional pages if necessary)</i>		
<b>Corrective Action Plan/Objective:</b>	<i>(Please describe the performance change you are expecting the employee to have by receiving this corrective action. Attach additional pages if necessary)</i>		
<b>Next Action if Issue Continues:</b>	<i>(Discuss and write down the next disciplinary step that will be taken if the issue continues. Attach additional pages if necessary)</i>		
<b>Comments:</b>	<i>(This is where the employee may make comments in regard to this corrective action plan. Attach additional pages if necessary)</i>		
<b>Action Taken:</b>	<i>(Provide comments after re-evaluation regarding if corrective action plan is being followed, and any revisions that may be needed)</i>		
<b>Re-evaluation meeting scheduled for:</b>			
<b>Employee Acknowledgement:</b> <i>I understand the contents of this document and the disciplinary actions that result, my signature does not necessarily mean that I agree. I have received a copy of this form and understand that a copy will be kept in my employee file. I understand that either failure to improve my performance/behavior or additional incidence(s) of any unsatisfactory performance or behavior may result in further corrective action up to and including termination.</i>			
<b>Employee Signature:</b>		<b>Date:</b>	
<b>Supervisors Signature:</b>		<b>Date:</b>	
<b>Witness Signature:</b>		<b>Date:</b>	
<i>A copy of this corrective action will be placed in your personnel file for reference.</i>			

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Corrective Action Plan (CAP) – Re-evaluation Follow-up #1			
<b>Employee Name:</b>		<b>Date:</b>	
<b>Job Title / Dept:</b>		<b>Supervisor:</b>	
<b>HR Manager or Witness Name:</b>			
<b>Re-evaluation Follow-up #1 comments:</b>	(Provide comments regarding employees compliance with CAP, and list any corrections or revisions to the CAP based on discussions with employee)		
<b>Re-evaluation meeting scheduled for:</b>			
<b>Employee Signature:</b>		<b>Date:</b>	
<b>Supervisors Signature:</b>		<b>Date:</b>	
<b>Witness Signature:</b>		<b>Date:</b>	

Corrective Action Plan (CAP) – Re-evaluation Follow-up #2			
<b>Employee Name:</b>		<b>Date:</b>	
<b>Job Title / Dept:</b>		<b>Supervisor:</b>	
<b>HR Manager or Witness Name:</b>			
<b>Re-evaluation Follow-up #2 comments:</b>	(Provide comments regarding employees compliance with CAP, and list any corrections or revisions to the CAP based on discussions with employee)		
<b>Re-evaluation meeting scheduled for:</b>			
<b>Employee Signature:</b>		<b>Date:</b>	
<b>Supervisors Signature:</b>		<b>Date:</b>	
<b>Witness Signature:</b>		<b>Date:</b>	