

# SCHOHARIE COUNTY CORRECTIVE ACTION PLAN

<b>Today's Date:</b>	<b>Department:</b>
<b>Employee Name:</b>	<b>Employee Title:</b>
<b>Supervisor Name:</b>	<b>Supervisor Title:</b>
<b>Performance/behavior for which employee is to be given a corrective action:</b>	
<b>Supporting Facts</b> <i>(specific incidents for which employee is to be given a corrective action):</i>	
<b>Objective:</b> <i>(description of expected performance/behavior change resulting from corrective action):</i>	
<b>Policies to Review</b> <i>(if applicable):</i>	
<b>Employee Comments:</b>	
<b>Reevaluation meeting scheduled for:</b>	
<b>Date:</b>	<b>Time:</b>
<b>Location:</b>	
<p>Signing this statement does not necessarily mean that I agree with the issue(s) referenced above; it simply indicates acknowledgment that this document was reviewed with me.</p> <p><b>I also acknowledge my understanding that either the failure to improve my performance/behavior or additional incidents of any unsatisfactory performance/behavior may result in further corrective action, up to and including termination.</b></p>	
<b>Employee Signature:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>
<b>Department Head Signature:</b>	<b>Date:</b>
<b>Personnel Officer Signature:</b>	<b>Date:</b>
<i>Original to be filed in Personnel file. Copy to employee.</i>	