Choices in Community, Inc.

Performance Improvement Process

Written Corrective Action Plan

Date: _____
To: _____
From: _____
Re: Corrective Action Plan

Your performance as a Residential Specialist for _____ (program) is below acceptable levels as it relates to _____.
As a result, we are implementing this Written Corrective Action Plan effective immediately. As previously discussed, your position has defined standards that you have specifically failed to meet.

To improve your performance to acceptable levels, you must immediately:

Address appropriate areas or unique performance concerns with examples

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Your performance will be reviewed periodically to ensure appropriate progress is being made. If you do not make immediate, consistent and sustained progress in your performance, your employment may be terminated immediately.

As we have discussed, there are steps you can take to improve your performance such as
_____
_____.

I am committed to working with you and providing you with the necessary feedback. However, it is your responsibility to notify me of any concerns *you might have* regarding these issues.

I am committed to doing everything I can to ensure your success. The expectations must be met and sustained going forward. Failure to meet all the provisions of this plan at anytime will result in further action up to and including termination of your employment.

I have read and understand the contents of this memo. My signature below only acknowledges understanding and does not necessarily indicate agreement.

_____ _____
Employee Date

_____ _____
Manager Date

CC: Human Resources