

What specific performance and/or behavior expectations (outcomes) will resolve the concern(s)?

What actions will SUPERVISOR take to assist in resolving concern(s)?

What actions will EMPLOYEE take to resolve concern(s) (completed by Employee and discussed with Supervisor)?

Employee will contact the University Employee Assistance Program (EAP). Employee Initial: _____

As a part of this process, employees are [strongly encouraged](#) to contact the University Employee Assistance Program (EAP). A handout on the EAP is attached. During this process, the EAP is a resource to provide support in resolving a work issue such as adjusting to change and expectations, and/or developing skills and techniques. Please contact the EAP at 1-877-851-1631 or www.horizoneap.com.

What is the time frame of the Corrective Action Plan?

How will progress be evaluated, and by whom? What are the next steps if the situation(s) is not corrected or if insufficient improvement is not maintained?

Supervisor's
Signature _____ **Date** _____

Human Resource'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.

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** _____