



# STAFF MEMBER CORRECTIVE ACTION PLAN

*This plan is to be developed between the employee and his/her supervisor in order to correct an issue identified by either the employee or the supervisor.*

Employee Name	Plan Development Date	Supervisor Name

Issue To Be Addressed	Goal
	Goal Due Date

Resources Provided by School	Benchmark 1:	Benchmark 2:
	Anticipated Review Date:	Anticipated Review Date:

Final Review Notes:

Employee Signature	Date	Supervisor Signature	Date

