11510 NE 87<sup>th</sup> Ave Vancouver, WA 98662

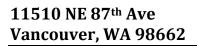


ph 360-314-2024 fax 360-828-5871

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## **CORRECTIVE ACTION PLAN (CAP)**

Employee Name:			Date:					
Job Title / Dept:			Supervisor:					
HR Manager or Witi	ness Name:		-					
Prior Warning Giver	_	Date of Prior Warning:						
Description of Prior		<u> </u>						
Level of Corrective Action								
Uerbal Warning/	Counseling	Written Warning/Reprima	and 🔲 Su	uspension				
	(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)							
Facts (Problem/Issue):								
Employee's Explanation:	(Please state the employees reasoning, if any, for why the incident occurred. Attach additional pages if necessary)							
Corrective Action Plan/Objective:	(Please describe the pe pages if necessary)	rformance change you are expecti	ng the employee to	have by receiving this corrective action. Attach additional				
Next Action if Issue Continues:	(Discuss and write down the next disciplinary step that will be taken if the issue continues. Attach additional pages if necessary)							
Comments:	(This is where the employee may make comments in regard to this corrective action plan. Attach additional pages if necessary)							
Action Taken: (Provide comments after re-evaluation regarding if corrective action plan is being followed, and any revisions that may be needed)								
Re-evaluation meeting scheduled for:								
<b>Employee Acknowledgement:</b> 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.								
Employee Signature:			Date:					
Supervisors Signature:			Date:					
Witness Signature:			Date:					
	A copy of this corrective action will be placed in your personnel file for reference.							





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Corrective Action Plan (CAP) – Re-evaluation Follow-up #1						
Employee Name:			Date:			
Job Title / Dept:				Supervisor:		
HR Manager or Witness Name:						
Re-evaluation Follow-up #1 comments:	(Provide commen with employee)	nts rega	rding employees compliance wit	h CAP, and list any	corrections or revis	ions to the CAP based on discussions
Re-evaluation meeti	ng scheduled fo	or:			1	
Employee Signature:				Date:		
Supervisors Signature:				Date:		
Witness Signature:				Date:		

Corrective Action Plan (CAP) – Re-evaluation Follow-up #2							
Employee Name:				Date:			
Job Title / Dept:				Supervisor:			
HR Manager or Witness Name:							
Re-evaluation Follow-up #2 comments:	(Provide comm with employee)	-	rding employees compliance wi	h CAP, and list any con	rections or revisi	ions to the CAP based on discussions	
Re-evaluation meeting scheduled for:							
Employee Signature:			Date:				
Supervisors Signature:			Date:				
Witness Signature:			Date:				