

Corrective Action/Performance Improvement Plan

CORRECTIVE ACTION/PERFORMANCE IMPROVEMENT PLAN		
EMPLOYEE:	SUPERVISOR:	DATE:
<p>DIRECTIONS: This form may be used as a corrective action. Such actions are intended to correct and improve an employee's job performance or behavior in a formal, systematic manner. In the case of performance appraisal this form may be used when an employee's performance is substandard in a performance factor. This form (or other corrective action format) must be used in the case of an initial overall rating of Needs Improvement or Unacceptable. This form will normally not be used if the overall performance rating of Needs Improvement or Unacceptable is a second consecutive rating, that is below Good, or if the initial overall Unacceptable rating indicates that the employee's level of performance warrants immediate disciplinary action.</p>		
<p>1 THE FOLLOWING AREA(S) NEED(S) IMPROVEMENT:</p>		
<p>2 THE CORRECTIVE ACTION(S) YOU MUST TAKE FOR THE ABOVE AREA(S) ARE AS FOLLOWS:</p>		
<p>3 YOU MUST COMPLETE THE CORRECTIVE ACTION(S) LISTED ABOVE BY THE FOLLOWING DATE(S):</p>		
<p>4 FAILURE TO CORRECT YOUR PERFORMANCE ON OR BEFORE THE DATE SPECIFIED IN NUMBER 3 ABOVE MAY RESULT IN FURTHER CORRECTIVE AND/OR DISCIPLINARY ACTION.</p>		
<p>IF IMPROVEMENT IS NOT SEEN AND TASKS ARE NOT COMPLETED, DISCIPLINARY ACTION WILL BE RECOMMENDED.</p>		
<p>5 YOU MAY SUBMIT A WRITTEN EXPLANATION TO THE APPOINTING AUTHORITY WHO IS TONY DECROSTA, EXECUTIVE DIRECTOR AND CHIEF HUMAN RESOURCE OFFICER. THIS EXPLANATION SHALL BE ATTACHED TO, AND KEPT WITH, THIS CORRECTIVE ACTION.</p>		
<p>6 Grievance Rights: If you wish to protest this action, you must initiate the grievance process. To do so you must meet with me for discussion of the situation (step 1) within ten calendar days of your receipt of this corrective action. If you are dissatisfied with the results of that response and wish to continue the grievance process, you must put your grievance in writing and give it to the individual who serves to review the grievance at the second step. This individual is (name). The written grievance must be filed within five working days after the response from your supervisor. Forms and other provisions of the grievance process, which must be closely followed, are available from the Colorado State University Human Services, 555 South Howes Street, Second Floor. Their phone number is 970-491-MyHR (6947).</p> <p>If your grievance alleges discrimination, there is an additional requirement: it must be put in writing and mailed or delivered to the State Personnel Board no later than the tenth calendar day after you receive this corrective action/written warning. The State Personnel Board is located at 633 17th Street, Suite 1320, Denver, Colorado 80202.</p>		
<p>APPOINTING AUTHORITY (OR DESIGNEE) SIGNATURE:</p>	<p>EMPLOYEE: I have received a copy of this corrective action on this date.</p>	
	<p>SIGNATURE DATE:</p>	

ORGANIZATION EFFECTIVENESS FORM-4 (OE-4) OE-4 (7/89)

