**Corrective Action Plan Form**

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John Smith | Employee ID | EMP-0456 |
| Department | Sales | Position / Title | Sales Executive |
| Supervisor / Manager | Sarah Johnson | Date of Incident | September 22, 2025 |
| Date of Report | September 25, 2025 |  |  |

**Section 2: Description of Issue or Violation**

Provide a detailed description of the performance issue, policy violation, or behavior that requires corrective action.

**Example:** Employee failed to meet monthly sales targets for three consecutive months and missed multiple follow-up calls with clients.

**Section 3: Previous Actions Taken (if any)**

|  |  |  |
| --- | --- | --- |
| **Action Type** | **Date** | **Outcome** |
| Verbal Warning | August 15, 2025 | Employee acknowledged issue but performance did not improve |
| Coaching Session | September 1, 2025 | Action plan discussed but goals were not achieved |

**Section 4: Corrective Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Step** | **Responsible Person** | **Completion Date** | **Status** |
| Attend one-on-one sales training sessions twice weekly | Employee & Manager | October 10, 2025 | Pending |
| Submit weekly sales progress reports | Employee | Every Friday | Ongoing |
| Meet 80% of monthly sales target by next review | Employee | October 31, 2025 | Pending |

**Section 5: Expected Results / Performance Goals**

* Achieve 80% of sales target by October.
* Demonstrate consistent follow-up with clients (minimum 90% contact rate).
* Show improvement in communication and reporting practices.

**Section 6: Monitoring & Evaluation**

| **Review Date** | **Supervisor’s Comments** | **Status** |
| --- | --- | --- |
| October 15, 2025 | Noticeable progress; continue action plan | In Progress |
| October 31, 2025 | Sales target achieved | Completed |

**Section 7: Employee Acknowledgment**

I acknowledge that this corrective action plan has been discussed with me. I understand the expectations, timelines, and consequences of not meeting these requirements.

| **Signature** | **Name** | **Date** |
| --- | --- | --- |
| Employee Signature | John Smith | September 25, 2025 |
| Supervisor Signature | Sarah Johnson | September 25, 2025 |
| HR Representative | Mark Evans | September 25, 2025 |