**Corrective Action Plan (CAP) Form**

**Company Name  
Address  
Phone  
Email**

**Employee Information:**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Department:** |  | **Position:** |  |
| **Supervisor/Manager:** |  | **Date of Report:** |  |

**1. Description of the Issue**

(Provide a clear and detailed description of the unprofessional behavior or performance issue.)

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**2. Previous Discussions / Warnings**

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| Verbal Warning Date: |  | Written Warning Date: |  |
| Other Notes: |  | | |

**3. Corrective Actions Required**

(Specify the actions the employee must take to correct behavior or performance.)

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**4. Support and Resources Provided**

(Indicate any training, mentoring, or resources offered to help the employee improve.)

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**5. Timeline and Follow-Up**

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| --- | --- | --- | --- |
| Start Date: |  | Review Date(s): |  |
| Expected Completion Date: |  |  |  |

**6. Consequences of Non-Compliance**

(Explain the actions that may follow if the employee does not meet the corrective action plan.)

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**Acknowledgment**

I acknowledge that I have received, read, and understood this Corrective Action Plan and agree to follow the steps outlined above.

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| **Employee Signature:** |  | Date: |  |
| **Supervisor/Manager Signature:** |  | Date: |  |
| **HR Representative Signature:** |  |  |  |