

## Personnel Corrective Action (PCA)

**INSTRUCTIONS:** This template is a guide to help managers prepare for, conduct, and document the discussion with employee of the corrective action plan established to address job performance or conduct problems. This action is taken in accordance with University SAP [32.02.02](#). When acknowledged by employee signature, this document stands as record of the discussion. No additional documentation is necessary.

### I. Employee Information

Name:	Title:
UIN:	Work Unit:
Department:	

### II. Background

Previous communications with employee about this issue [Date(s) and Topic(s)]:

### III. Specific Information

Expected Job Performance:
Employee response:

Actual Job Performance:
Employee response:

Organizational effects of actual performance:
Employee response:

Individual effects of continued inappropriate job-related conduct or job performance: ***Jeopardizes merit raises or promotions and may result in further corrective action or in disciplinary action up to and including termination.***

Employee response (if offered):

Other factors to consider in evaluating this issue:

- |  |  |
|--|--|
| <input type="checkbox"/> Length of service                             | <input type="checkbox"/> Overall work record         |
| <input type="checkbox"/> Skill level or training                       | <input type="checkbox"/> Changes to work environment |
| <input type="checkbox"/> Recent discussions about this or other issues | <input type="checkbox"/> Need to consult with others |

Impact of these factors on my decision:

Corrective Action Plan:

**IV. Key questions asked during the corrective action meeting (Y/N)**

- |   |
|---|
| <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> Do you agree to meet the requirements of the action plan? |
| <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> Do you understand the requirements of the action plan?    |
| <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> Can you meet the requirements of the action plan?         |

**V. Signatures**

Supervisor Name:	Supervisor Signature:	Date:
Next Higher-Level Supervisor:	Next Higher-Level Supervisor Signature:	Date:

**VI. Acknowledgments for receipt of a copy of this document**

Employee Name:	Employee Signature:	Date:
Witness Name:	Witness Signature:	Date:

<b>Distribution:</b>	<b>NEED HELP?</b>
Original to Employee's Official Personnel Records	Employee Relations Department (ER)
<ul style="list-style-type: none"> <li>• Copy to Employee</li> <li>• Copy to Supervisor</li> </ul>	936-261-1731   <a href="mailto:employeerelementeam@pvamu.edu">employeerelementeam@pvamu.edu</a>