

**COLORADO STATE UNIVERSITY - PUEBLO
CORRECTIVE ACTION/PERFORMANCE IMPROVEMENT PLAN**

EMPLOYEE:

SUPERVISOR:

DATE:

DIRECTIONS: This form may be used 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 **must** be used in the case of an overall rating of Needs Improvement.

1. THE FOLLOWING AREA(S) NEED(S) IMPROVEMENT: _____

2. THE ACTION(S) YOU MUST TAKE TO CORRECT YOUR PERFORMANCE ARE: _____

3. YOU WILL BE EVALUATED ON _____ TO DETERMINE WHETHER YOU HAVE TAKEN THE NECESSARY ACTION TO CORRECT YOUR BEHAVIOR OR PERFORMANCE.

4. FAILURE TO CORRECT YOUR BEHAVIOR OR PERFORMANCE AS SPECIFIED ABOVE MAY RESULT IN FURTHER CORRECTIVE AND/OR DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

5. IF YOU WISH TO PROTEST THIS ACTION, YOU MAY FILE A GRIEVANCE BY CONTACTING THE CSU PUEBLO HUMAN RESOURCE DEPARTMENT. THE GRIEVANCE MUST BE INITIATED WITHIN TEN (10) CALENDAR DAYS OF RECEIVING THE CORRECTIVE ACTION PLAN ON WHICH THE GRIEVANCE IS BASED. IN ADDITION, YOU MAY SUBMIT A WRITTEN EXPLANATION WHICH WILL BE ATTACHED TO, AND KEPT WITH THE CORRECTIVE ACTION.

IF YOUR GRIEVANCE ALLEGES DISCRIMINATION, IT MUST BE PUT IN WRITING AND MAILED OR DELIVERED TO THE STATE PERSONNEL BOARD, 1525 SHERMAN STREET, DENVER CO 80203. APPROPRIATE FORMS AND GRIEVANCE INSTRUCTIONS ARE AVAILABLE AT [HTTPS://WWW.COLORADO.GOV/PACIFIC/SPB/FORMS-2](https://www.colorado.gov/pacific/spb/forms-2)

A SIGNED COPY OF THIS CORRECTIVE ACTION PLAN MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT

SUPERVISOR

DATE

EMPLOYEE: I received a copy of this Corrective Action/Performance Improvement Plan on this date.

APPOINTING AUTHORITY

DATE

SIGNATURE

DATE