# Personnel Corrective Action Guidelines (PCA)

**INSTRUCTIONS:** Supervisors may use *form 705, Personnel Corrective Action Template*, as a guide to help prepare for, conduct, and document corrective action. The supervisor completes the first three sections of the form, *except for Employee Response*, before the performance discussion with employee. When the preparation is completed, the form is then used as talking points to conduct the actual discussion with the employee. The remaining sections of the form are completed during the discussion. When completed with employee response and acknowledgment, the form becomes documentation of the discussion. No additional documentation is necessary unless required by department.

**I. Employee Information**

* Enter the requested information in the text form fields

|  |  |
| --- | --- |
| Name | Title |
| UIN | Work Unit |
| Department | |

**II. Background**

|  |
| --- |
| Previous communications with employee about this issue [Date(s) and Topic(s)]:   * Briefly note any previous communications about this issue and the dates occurred. * Previous communications may include emails, staff meetings, one-to-one meetings, department-wide communications, training, etc. * If addressed through corrective or disciplinary action, list dates and general topic. |

**III. Specific Information**

|  |
| --- |
| Expected Job Performance:     * Define  **Expected Job Performance** as it relates to rules and regulations, standards of conduct and/or job duties/tasks |
| Employee response:   * The supervisor records, as near verbatim as possible, any response the employee may offer. |

|  |
| --- |
| Actual Job Performance:     * Use specific, behavioral terms to describe the **Actual Job Performance** in the text form field * Stick to the facts; do not express judgments or opinions * Use this section to demonstrate the “gap” between what is expected and what actually happened |
| Employee response: |

|  |
| --- |
| Organizational effects of actual performance:   * Describe the **Organizational Effects** of the actual performance on the work unit, department and/or University in the text form field * Examples include: Productivity, teamwork, customer service, department goals, burden on co-workers, compliance requirements, and impact on funding/budget. |
| 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:   * **Individual Effects** is a set field and no entry, other than employee response if offered, is required |

|  |
| --- |
| Other factors to consider in evaluating this issue:  Length of service  Overall work record  Skill level or training  Changes to work environment  Recent discussions about this or other issues  Need to consult with others |
| Impact of these factors on my decision:   * Use the check boxes to identify Other Factors that you have considered in evaluating this issue * Describe the Impact of these factors on your decision in the text form field * Factors may be viewed as positively or negatively impacting the supervisor’s assessment and decision depending on the context and individual circumstances of the employee. |

|  |
| --- |
| Corrective Action Plan: |
| * Prepare directives that you believe will resolve the performance problem; enter them in the text form field * Think SMART. Plan should include actions that are specific, measurable, action-oriented, realistic, and time driven (if appropriate) * When discussing the plan with the employee, ask for ideas to resolve the performance problem, and be prepared to offer additional suggestions. Modify the written plan of action if needed * Include language stating supervisor will follow up as needed. * Reinforce the employee’s responsibility to follow the plan and to correct inappropriate performance |

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

|  |
| --- |
| **Y N** Do you understand the requirements of the action plan?  **Y N** Can you meet the requirements of the action plan?  **Y N** Do you agree to meet the requirements of the action plan?  The employee’s Yes or No response to these questions invites further clarification and encourages commitment to resolution of the performance problem |
| **If you feel a personal problem is contributing to this job-related conduct or job performance issue, you are encouraged to contact the Texas A&M Employee Assistance Program at Work/Life Solutions Program (866) 301-9623.**   * Using the terminology provided above, offer the employee the opportunity to contact the TAMU Employee Assistance Program; however, do not require the employee to do so. |

**V. Signatures**

|  |  |
| --- | --- |
| Supervisor Name  Print or type name of supervisor delivering corrective action  Date: | Supervisor Signature: |
| Next Higher Level Supervisor  Print or type name of next level approver of corrective action  Date: | Next Higher Level Supervisor Signature: |

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

|  |  |
| --- | --- |
| Employee Name  Print or type name of employee  Date: | Employee Signature: |
| Witness Name  Print or type name of witness  If the employee refuses to acknowledge receipt, the witness may acknowledge the employee was provided a copy of the corrective action.  Date: | Witness Signature:  It is recommended to have another supervisor present for the meeting as a witness. This supervisor’s role is as observer only and not as a participant in the discussion between employee and supervisor. |

**Finalize the documentation**

* Discuss the procedure, whether they will wait if you need to finish the notes or leave and return
* Distribute completed copies as directed on form 705:

*Copy to employee Copy to supervisor Original to Employee’s Official Personnel Records*

* Contact the Employee Relations Department (ER) at 979.862.4027 for assistance and additional guidance