# Personnel Corrective Action (PCA)

**INSTRUCTIONS** This template is a guide to help supervisors 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.M0.02. When acknowledged by employee signature, this document stands as a 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 Topics(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*** |

|  |
| --- |
| 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:       |

|  |
| --- |
| Corrective Action Plan:  |
|       |

**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? |

**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 by GuidanceResources®**](https://employees.tamu.edu/eap/index.html) **(866) 301-9623.**

**V. Signatures**

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

|  |  |
| --- | --- |
| **Distribution:**Original to Employee’s Official Personnel Records* Copy to Employee
* Copy to Supervisor
 | **NEED HELP?** HROE Employee Relations Department (ER)979.862.4027 | Employee-Relations@tamu.edu |