

**GREENWOOD COUNTY  
Corrective Action Plan**

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Rater: \_\_\_\_\_

Job Function: \_\_\_\_\_ CAP start date: \_\_\_\_\_ CAP end date: \_\_\_\_\_ (if applicable)

Deficiency:

Corrective Action:

Consequences for failing to meet job function performance standards:

Employee Comments:

Supervisor Comments:

**Employee Acknowledgement**

I understand that this Corrective Action Plan (CAP) is being implemented to address deficiencies that have been identified in my work performance. I further understand that it is my responsibility to ensure that my supervisor is made aware of any additional assistance needed by me to successfully accomplish the steps outlined in this CAP. I understand that failure to successfully complete this plan by the established end date may result in the consequences outlined in this performance plan.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rater's Signature: \_\_\_\_\_ Date: \_\_\_\_\_