

Employee Behavior Correction Plan

Employee Name

Position

Department

Date

Supervisor/Manager

Description of Behavior

Describe the observed behavior that needs correction

Expected Behavior

Describe the required or expected behavior

Action Plan

Steps the employee will take to correct behavior

Support/resources the company will provide

Timeline & Review

Timeline for improvement

Date of follow-up review

Signatures

Employee Signature	Date
Supervisor/Manager Signature	Date