



# Town of Davie PERFORMANCE CORRECTIVE ACTION PLAN

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

Class Title: \_\_\_\_\_ Class Code: \_\_\_\_\_ Position #: \_\_\_\_\_

Work Unit: \_\_\_\_\_ Location: \_\_\_\_\_

Plan Beginning Date: \_\_\_\_\_ Plan End Date: \_\_\_\_\_

This is to provide you with a formal Performance Corrective Action Plan in order to correct performance expectation deficiencies. To attain satisfactory performance in your current position, you must improve your performance in the specific areas noted below within the period indicated above, and continue successful performance in all of your other assigned performance expectations.

Performance Deficiencies (Specific performance expectation deficiencies)	Corrective Actions Planned (include dates for conferences)	Future Action (if any)

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director/  
Division Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employee Acknowledgement

This is to acknowledge that I have, on the date indicated below, discussed the performance deficiencies and the corrective action to be taken by me as indicated above. My supervisor and I agree to work together to enable me to improve my performance to a satisfactory level.

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

Comments: \_\_\_\_\_

### Outcome of PCAP

This is to acknowledge that I have, on the date indicated below, discussed the outcome of the performance corrective action plan and efforts to improve my performance. My supervisor has discussed the next steps and future action.

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_