

Restorative Action Plan

Employee Name: _____

Date: _____

A verbal warning must be issued prior to a Restorative Action Plan and should be referenced/attached here.

Supervisor Portion:

What is the expectation?

How can this be accomplished?

Plan of Restorative Action to include:

What is the supervisor's role?

Employee commitment to restorative process:

What changes can the employee make to improve:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Human Resources _____ Date _____



Review Date (Review date should be within 30 days of delivery of the Restorative Action Plan):

Note: If employee does not meet the expectations put forth in the Improvement Plan during the allotted time frame but improvements are seen, an extension may be granted. If no improvements are seen, a recommendation for termination may be submitted to the CEO.

Review Notes:

Please attach all supporting documents such as attendance sheets, medication error forms, etc

Date	Comments	Employee Initials	Sup Initials	HR Initials

[] Performance Plan Successfully Completed on _____

[] Corrective Action/ Recommendation for Termination Required (Supervisor include dates of incidents and any other related documentation. Attach and submit to HR and CEO)

This Performance Plan is not intended to be an employment contract or guarantee of continuing employment. Violation of any work rule listed in the employee handbook as grounds for immediate dismissal will result in immediate termination.

