



CHADRON STATE COLLEGE
CORRECTIVE ACTION PLAN
PERFORMANCE EVALUATION 2020 - 2021

Employee Name:

Title:

Department:

(To be completed by the supervisor in consultation with the employee and attached to the performance evaluation form.)

1. List the Area(s) of Concern as identified on the performance evaluation:

2. State the Course of Action that will be taken to improve the identified concern(s) and the timeline:

3. Expected Outcome(s):

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Next Higher Supervisor Signature: _____ Date: _____