

**CORRECTIVE ACTION DOCUMENT**

**This Form Must Be Used For Corrective Action**

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| **Employee Name:**  Click or tap here to enter text. | **EIN:**  Click or tap here to enter text. | **Employee Job Title:**  Click or tap here to enter text. | **Employee Work Location:**  Click or tap here to enter text. |
| **Administrator/Supervisor Completing the Form:**  Click or tap here to enter text. | | | **Date Corrective Action Issued:**  Click or tap to enter a date. |

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| **PURPOSE**: The purpose of this document (for the supervisor and the employee) is to outline the corrective action process designed to assist an employee in addressing performance and/or behavioral concerns that do not meet the requirements of their job, the PGCPS Employee Code of Conduct and/or PGCPS policies and procedures. **This form must be used to issue corrective action. Emails, letters and/or memos are not formal corrective action.** The facts of the performance and/or behavioral concern may influence selection of the level. Verbal Counseling and Professional Counseling levels are not disciplinary in nature.  The Reprimand is the first level of disciplinary action. Corrective Action action(s) will remain active for a three (3) year period from the date of this document.  If further infractions continue, it could result in additional corrective action up to and including termination.A corrective action meeting is not required when issuing Verbal Counseling or a Professional Counseling, but is recommended. However, a meeting is required before issuing a Reprimand. Additionally, as a Reprimand is considered disciplinary, the employee is entitled to notice of discipline in advance of the corrective action meeting, and Union representation, if requested. |

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| SELECT APPROPRIATE CORRECTIVE ACTION (SELECT ONLY ONE) | | |
| **Verbal Counseling**  **(Non-Disciplinary)** | **Professional Counseling**  **(Non-Disciplinary)** | **Reprimand\*\***  **(Disciplinary)**  **Requires a Corrective Action Meeting & Notice BEFORE Issuance; Employee may seek Union Representation** |
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**\*\* Denotes Disciplinary Action**

The following section provides information about formal corrective action for: (*state the issue, policy, performance and/or behavioral concern being addressed, and action steps).*

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| **SELECT APPROPRIATE INFRACTION(S) – Selected infractions must also be discussed in the REASON FOR THE CORRECTIVE ACTION SECTION** | | | |
| **Immorality**    An act of immorality is generally one that is abhorrent to the mores and values of the community. | **Misconduct in Office**    An act contrary to express and implied rules of conduct for employees. | **Insubordination**    Failure to follow direct instructions from an Administrator/Supervisor or taking steps to undermine the authority of an Administrator/Supervisor | **Incompetence**    The inability to perform one’s duties in a competent manner. |
| **Willful Neglect of Duty**    An act or situation where an employee intends an act of neglect of duty, and may or may not intend the consequences of the act.  This includes actions of deliberate indifference. | **Board of Education Policy/ Administrative Procedure/ Employee Code of Conduct Violation** | **Absenteeism/Tardiness** | **Other**    **(discuss specifics in the reason for corrective action section below)** |

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| REASON FOR THE CORRECTIVE ACTION  **For example - On (INSERT DATE), you engaged in (describe the performance and/or behavioral, for example, “Raising your voice and making inappropriate comments to another team member in the presence of a customer (or parent)”).Your actions violated Administrative Procedure XXXX, specifically XXXX, and the Employee Code of Conduct, which states XXXXX.** |
| **Description of the Reason (Attach additional pages if additional space is needed):**  Click or tap here to enter text. |

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| DESCRIBE THE IMPACT OF THE PERFORMANCE AND/OR BEHAVIORAL CONCERN: For example, “This conduct is disruptive to the workplace, presents an unprofessional work environment to our customers (or students), and violates our workplace expectations.” |
| **Description of the Impact (Attach additional pages if additional space is needed):**  Click or tap here to enter text. |

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| WHAT ACTION STEPS MUST THE EMPLOYEE TAKE TO CORRECT/IMPROVE THIS PERFORMANCE AND/OR BEHAVIORAL CONCERN (i.e., what are the expectations of the employee moving forward)? |
| **Description of the Action Steps (Attach additional pages if additional space is needed):**  Click or tap here to enter text. |

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| PRIOR CORRECTIVE ACTION RECEIVED: List all dates the employee received previous corrective action for a similar or unrelated performance and/or behavioral concern within the last three (3) years. | | |
| **Dates(s)** | **Reason(s) for the Corrective Action** | **Action Taken** |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |

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| **EXPECTATIONS FOR PROFESSIONAL CONDUCT** |
| **Our goal at Prince George’s County Public Schools (PGCPS) is to maintain a professional and productive work environment for every student, employee and our constituents. You are expected to conduct yourself in a professional manner, adhere to all PGCPS administrative policies and procedures, regulations, and guidelines, and to use good judgment in all aspects of your conduct as a PGCPS employee.**  **Failure to make adequate and sustained improvement in the areas outlined above, or the introduction of new concerns, could result in further corrective action up to and including termination of employment. In the event that you have concerns, do not hesitate to discuss them with your Administrator/Supervisor. This corrective action process is being implemented immediately and will remain active for a three (3) year period from the date of this document.** |

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| EMPLOYEE COMMENTS |
| Click or tap here to enter text. |

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| **EMPLOYEE ACKNOWLEDGMENT** |
| **The undersigned Administrator/Supervisor reviewed this document with me. I understand that my signature does not imply my agreement with the content of this document. My signature appears as an acknowledgment that this document has been discussed with me along with my conduct expectations. Furthermore, I understand that I may appeal (Letter of Reprimand only) in accordance with my bargaining unit negotiated agreement, Md. Code Ann., Educ. §4-205 and/or Regulations for Supporting Personnel. An appeal of a Reprimand should be emailed to** [**elro.investigation@pgcps.org**](mailto:elro.investigation@pgcps.org)**. In addition, I understand that I may submit a written statement concerning this Corrective Action Form in writing within ten (10) business days from the receipt, in addition to my comments on this document. My written statement will be maintained with this corrective action.** |

The following resources are available to you if you wish to discuss personal issues that may be affecting your conduct or behavior:

* **Employee Assistance Program (EAP) is a confidential and professional consulting 24 hours a day, 7 days a week. Contact EAP at 1-800-346-0110. You may also reach EAP via the web at** [**http://www.inova.org/eap**](http://www.inova.org/eap)**. Username: PGCPS/Password: prince.**
* **Our Absence Management department is available to provide you with information about leaves of absence for which you may be eligible, including Family Leave and Medical Leave (FMLA). Contact Absence Management at 301-952-6200 or** [**absence.mgmt@pgcps.org**](mailto:absence.mgmt@pgcps.org)
* **For any request regarding reasonable accommodation refer to Administrative Procedure 4172, for discrimination and harassment refer to Administrative Procedure 4170 and for Workplace Bullying, refer to Administrative Procedure 4185.**

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#### Employee signature (if employee refuses to sign, indicate) Date

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Administrator/Supervisor signature Date

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Union Representative signature (when applicable) Date

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Other Administrator Signature (e.g., Instructional Director/ Date

Director/Assistant Principal signature (when applicable)

**ADMINISTRATOR/SUPERVISOR ADMINISTRATIVE TASKS COMPLETION CHECKLIST**

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|  | Signed copy of the corrective action has been provided to the employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) |
|  | Employee statement attached, if applicable. |
|  | Signed copy of the Corrective Action Document sent via email to HR Records Office for inclusion in the employee’s personnel file. **(Reprimand Only) Email to:** [**pgcps.hrrecords@pgcps.org**](mailto:pgcps.hrrecords@pgcps.org) |