

SAMPLE CORRECTIVE ACTION LETTER

Rev. 1/15

Instructions: (Do not include these instructions in the letter to the employee)

1. It is recommended that this letter be reviewed by your Regional Civil Rights Manager and for Headquarters staff, by Employee Relations prior to issuance.
2. Copy this sample to your letterhead and complete the sections as indicated below.
3. Send letter certified mail, return receipt requested or hand-delivered. If hand delivered, have the employee sign and date to verify receipt.
4. Following issuance provide a signed copy of this letter electronically to CDOT_HRpersonnel@state.co.us for the personnel file; to your Regional Civil Rights Manager, or for Headquarters staff to Employee Relations dot_employee_relations@state.co.us

[Date]

[Last known address]

Dear **[Prefix] [Name of employee]:**

This letter is a formal corrective action pursuant to State Personnel Board Rule 6-11. It is being issued to improve your **[performance/behavior]**.

[In this paragraph describe the actions that resulted in the corrective action being issued (e.g., you have been late to work four times during the past month and continue to arrive at work late even though we have had several discussions about your working hours). Make certain that the employee's performance evaluation does not conflict with your assessment of the problem(s) and that your description of each incident is indisputable. An outline form is typically easier to use and to understand. Also, refrain from giving personal opinions or diagnosis].

[Include previous attempts made to assist the employee (performance evaluations, corrective actions, confirming memos, educational memos, discussions, etc.).

[This paragraph should describe what the employee must do to improve and/or correct the situation (e.g., you must arrive at work by 8:00 each morning and call your supervisor no later than 7:45 if you will be late). This portion is critical. It is not a corrective action without it.] [State the time frames/deadlines the employee has to improve (e.g., you cannot be late to work more than two times during the next three months). The improvement period must be reasonable and in accordance with the nature of the problem. In some cases, the improvement must be immediate and no time period is given (e.g., effective immediately and ongoing, you are to.....)].

Failure to comply with the requirements of this corrective action may result in further corrective and/or disciplinary action, up to and including termination.

You have a right to submit a written explanation to this corrective action that will be attached to each copy of this corrective action. If you wish to protest this corrective action, you may initiate the grievance process as stated in State Personnel Board Rule 8-8.

To do so you must notify me no later than 10 calendar days after receipt of this corrective action. If you are dissatisfied with the results of that meeting and wish to continue the grievance process, you must put your grievance in writing and give it to ***[Appointing Authority or delegated designee]*** within 5 calendar days from receipt of my written decision.

If your grievance also alleges discrimination, it must be put in writing, signed and mailed or delivered to the State Personnel Board, 1525 Sherman St., 4th Floor, Denver, CO 80203, phone (303) 866-3300, fax (303) 866-5038, within 10 calendar days from receipt of this notice. Standard appeal forms are available online at www.colorado.gov/pacific/spb. If you file an appeal, also send a copy to Headquarters, Employee Relations.

I hope this information is clear. If you have any questions, please contact ***[identify your Regional Civil Rights Manager or for Headquarters, Employee Relations]*** or you may call my office.

Sincerely,

[Appointing Authority]

c: ***[Add other appropriate individuals]***
Personnel File