

**CORRECTIVE ACTION PLAN (CAP) FORM**

CalHR-771 (NEW 08/12)

<b>Section 1 – Misallocation Information</b>			
<b>Misallocation Identified By:</b>		<b>Date Misallocation Identified:</b>	<b>Target Date of Corrective Action:</b>
<b>Department:</b>		<b>Division:</b>	<b>Incumbent:</b>
<b>Misallocated Class/Position Number:</b>		<b>Correct Class/Position Number:</b>	
<b>Department Contact</b>	<b>Title:</b>	<b>Phone:</b>	<b>Email:</b>
<b>Section 2 – Options for Corrective Action</b> (See Section 360 in C & P Guide)			
A) Restructure duties to support allocation		B) Transfer to a vacant position in their current class	
C) Pending a future vacancy in the same class (within 120 days)		D) Voluntarily transfer to different class	
E) Pending planned reorganization (within 120 days)		F) Pending specification revision or establishment of new class (up to 12 months)	
G) Pending retirement or resignation (within 24 months)		H) Voluntarily demote to a lower class	
I) Use of State Restriction of Appointment (SROA)		J) Involuntarily geographically transfer	
K) Transfer to a different class in lieu of demotion through layoff		L) Demote through layoff	
<b>Section 3 – Summary of Corrective Action and Contingency Plan</b>			
(Attach Additional Pages if Necessary)			
New org chart and duty statement attached			
<b>Section 4 – Approval Section</b>			
<b>Classification Manager</b>		<b>Signature</b>	<b>Date</b>
<b>Personnel Officer</b>		<b>Signature</b>	<b>Date</b>
<b>Personnel Officer Final Approval – Action Has Been Completed</b>		<b>Signature</b>	<b>Date</b>
(For PMD Use Only)			
<b>PMD Approval:</b>	Approved	Approved with Modifications	Rejected
<b>Comments</b>			
<b>PMD Analyst Approval</b>		<b>Signature</b>	<b>Date</b>
<b>Corrective Action Verified</b>		<b>Signature</b>	<b>Date</b>

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### **Corrective Action Plan (CAP) Form Instructions**

#### **Section 1 – Misallocation Information**

Identify the misallocation, the date the misallocation was identified and the projected date by which corrective action will be implemented. Fill out the department, division, and the name of the incumbent. Provide the classification and position number for both the misallocated position and the corrected position. Provide a contact at the department, their title, phone number, and email address.

#### **Section 2 – Type of Corrective Action**

Section 2 lists the different corrective action options available in preferential order. Mark the box correlating with the selected option. For a further explanation of the optional actions, reference Section 360 in the C&P Guide.

#### **Section 3 – Summary of Corrective Action and Contingency Plan**

Use the space to provide a narrative on the corrective action option selected in Section 2. Attach additional pages if necessary. Be specific, clear and provide as many details as possible.

- Identify where duties were taken from and where current duties are going to when corrective action involves the restructuring of duties (option A).
- Identify the potential for, and planned use of, voluntary placement of employees within the department in closely related classes at the same salary level.
- Describe the department's commitment to place each misallocated employee in the first available vacancy in the employee's classification and geographic area of recruitment.
- Describe the option and proposed use of mandatory geographic transfers, if such transfers are reasonable in view of the level of the class and its area of recruitment.
- Assess the potential for placement of misallocated employees in other departments within the agency or departments outside the agency. (In cases where a substantial problem exists and a plan is proposed to avoid a layoff that would otherwise be necessary, the plan must propose the use of the SROA process.)
- Avoid continued use of any misallocated position in an area of potential or actual layoff.
- Assess any other options that the department can make available to employees on a voluntary basis.
- Address any necessary contingency plan, should the original plan fail to correct the misallocation.

PMD requests that a new org chart and duty statement be attached to the CAP form. Check the box at the bottom of the section confirming they are attached.

#### **Section 4 – Approval Section**

Obtain the Classification Manager and Personnel Officer's signatures. If PMD approval is required, scan, fax, or mail in the CAP form to your departmental PMD Analyst, retaining a copy. Your analyst will review the plan and using the PMD approval section, select a box: "approved," "approved with modifications," or "rejected." If rejected, the department has 30 days to amend the plan and resubmit. If approved, the department is to take immediate action as per the plan. At the completion of the corrective action, the department is required to provide a final signature confirming action has taken place. If there are any changes from the original plan, the department is to include a new org chart and duty statement with the final signature when sending the form back to PMD. The PMD Analyst will do a final review and verify that the misallocation has been properly corrected, signing off in the final signature field.