

PLAN, DO, STUDY, ACT (PDSA)

Campus/ Dept.:	_____
Person Completing Form:	_____
Vendor:	_____
Amount:	_____ Date: _____

PLAN	
What is the problem?	
What is the root cause of the issue?	
How do you want to fix the problem?	
Who do you need to help you?	
DO	
What are you going to do next?	
How will you know that it worked?	
STUDY	
What are the results of your plan?	
ACT	
Should you share your process with others?	
<ul style="list-style-type: none"> ✓ If your plan worked, keep the process in place and celebrate your success. ✓ After time, re-evaluate your plan, looking for improvement. ✓ If the process is not working, make another plan. 	

Employee Signature	
Principal Supervisor	
Executive Council	

PROCESS:
<input type="checkbox"/> PDSA Completed w/signatures
<input type="checkbox"/> Email to Business Office
<input type="checkbox"/> Check Request Entered in Skyward
<input type="checkbox"/> PDSA Attached to Check Request