

Performance Action Plan



Employee Name
Position/Title

Manager/Supervisor **Department**

Dates of Plan: From: ____/____/____ To: ____/____/____

Below to be completed by Manager/Supervisor

Company Goals

Department Goals

1

1

2

2

3

3

4

4

Individual Employee Goals

Your individual goals should tie in to the above company/department goals

Goal

Anticipated completion date

Please list any support or training you will need to accomplish your individual goals.

Follow-up date: ____/____/____

Employee Signature: _____ Date: ____/____/____

Managers Signature: _____ Date: ____/____/____