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: ____/____/____