

Performance Action Plan



Employee Name
Position/Title

Department

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: ____/____/____