## ACTION PLAN/GUIDE FOR IMPROVING PERFORMANCE

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| --- | --- |
| **Employee Name:** |  |
| **Employee Position:** |  |
| **Manager/Supervisor Name:** |  |
| **Date:** |  |

The purpose of this plan is to define areas of concern, gaps in work performance, reiterate the expectations of [Name of Organisation] and allow you the opportunity to re-affirm your commitment and to show improvement.

**AREAS OF CONCERN:**

* *[The list of concerns and how it has affected the Organisation and stakeholders (colleagues, clients, suppliers, etc.).]*

**PREVIOUS COUNSELLING:**

*[Reiterate any previous counselling session, discussions, warnings and meetings. Make reference to the documentation that was prepared from any of those previous occasions.]*

**ACTION PLAN:**

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| --- | --- | --- | --- |
| **Performance Expectations**  *(Goals to be achieved)* | **Actions**  *(To be taken in order to achieve the goals)* | **Who is Responsible?** | **Agreed Performance Indicators / Outcomes including Timeframes**  *(How outcomes required will be measured)* |
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**This Performance Improvement Action Plan commenced on:** [Enter date] **and will be reviewed on** [Enter date].

Note: The contents of this Action Plan are to remain confidential. Please direct any questions to your manager or supervisor.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A copy of this Action Plan should be given to the employee and the original filed by management.***