

EMPLOYEE PERFORMANCE ACTION PLAN

	Employee Name:	Date:
	Department:	Reviewed by:
	Issues:	
Expectations/Goals:		
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Steps Planned:			
My signature below indicates that I fully understand what is estated objectives that I may be	expected of me as an employe	Performance Action Plan and acknowledgo e. I realize that if I fail to meet the above g termination.	e
Employee Signature	Supervisor	Witness	