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| EMPLOYEE ACTION PLAN | **DATE** |
|   |
| **EMPLOYEE** | **SUPERVISOR** | **TRAINER** |
|   |   |   |
| **TEAM MEMBERS** |
|   |   |   |   |   |
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|   |   |   |   |   |
| **DESIRED ACHIEVEMENTS** |
|   |
| **KNOWN PROBLEM AREAS** |
|   |
| SEQUENTIAL STRATEGIC ACTION DESCRIPTIONS | PARTY / DEPT RESPONSIBLE | DATE TO BEGIN | DATE DUE | RESOURCES REQUIRED | DESIRED OUTCOME | EVALUATION PLAN |
| 1.)  |   |   |   |   |   |   |
| 2.) |   |   |   |   |   |   |
| 3.) |   |   |   |   |   |   |
| 4.) |   |   |   |   |   |   |
| 5.) |   |   |   |   |   |   |
| 6.) |   |   |   |   |   |   |
| 7.) |   |   |   |   |   |   |
| 8.) |   |   |   |   |   |   |
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| 9.) |   |   |   |   |   |   |
| 10.) |   |   |   |   |   |   |
| 11.) |   |   |   |   |   |   |
| 12.) |   |   |   |   |   |   |
| **ADDITIONAL NOTES** |
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|  |  |  |  |  |  |  |
| EMPLOYEE SIGNATURE:  | DATE:  |
| SUPERVISOR SIGNATURE:  | TRAINER SIGNATURE:  |
| TEAM MEMBER SIGNATURES |
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