



PERFORMANCE ACTION PLAN (PAP)

DATE

The date of this PAP is:

.....

EMPLOYEE

Name:

.....

Telephone/Facsimile:

P:

M:

F:

.....

Email:

.....

Job Title:

.....

Job Start Date:

.....

MANAGER / SUPERVISOR

Name:

.....

Section:

.....

Telephone/Facsimile:

P:

M:

F:

.....

Email:

.....

BACKGROUND

Nature of problem:

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Why it is a problem:

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PERFORMANCE ACTION PLAN

A. PERFORMANCE EXPECTATIONS:

Role:

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Responsibilities:

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B. IMPROVEMENT REQUIRED

1. _____ (detail) by: _____ (date)

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2. _____ (detail) by: _____ (date)

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3. _____ (detail) by: _____ (date)

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.....
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4. _____ (detail) by: _____ (date)

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C. STRATERGIES FOR IMPROVEMENT

Training & Development: _____ (Details)

.....

Supervision: _____ (Supervisor)

NEXT REVIEW DATE

Next review date: _____

AGREEMENT FOR THE PLAN

Signature of Employee

Signature of Manager/Supervisor

Date: _____

Date: _____