

Baringa Child-Care Centre Association Incorporated ABN 42 028 145 288 64 Baddeley Crescent SPENCE ACT 2615

P: 02 6258 8891 E: baringa1@iinet.net.au

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 / SUPERV	SOR				
Name:					
Section:					
Telephone/Facsimile:	P:	M:	F:		
Email:					
BACKGROUND					
Nature of problem:					
Why it is a problem:					
	ION DI AN				
PERFORMANCE ACTION PLAN					
A. PERFORMANCE E	XPECTATIONS:				
Role:					
Responsibilities:					

B. IMPR	OVEMENT REQUIRED			
1.		(detail)	by:	(date)
			·	
2.		(detail)	 by: 	(date)
3.		(detail)	by:	(date)
4.		(detail)	by: 	(date)
			·	
C. STRA	TERGIES FOR IMPROVEMENT			
	Training & Development:			(Details)
	Supervision:			(Supervisor)
NEXT RE	EVIEW DATE			
Next revi	ew date:			
AGREEN	MENT FOR THE PLAN			
Signature	e of Employee	Signature of Manager/Supervi	sor	
Date:		Date:		