**Section F: Action Plan\***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Objective or Competency Where Improvement Is Required** | **Specific Area(s) of Improvement** | **Required Actions\*\*****(including dates)** | **Person Responsible for the Action(s)** | **Performance Indicators****or Standard** | **Deadline** | **Progress Review** | **Comments** | **Status****at Deadline** |
|  |  |  |  |  |  | ☐ On track to succeed☐ Results to date indicate the need for improvement☐ Work objective no longer required☐ N/A | Manager/supervisor:Employee: | ☐ Succeeded ☐ Did not succeed  |
|  |  |  |  |  |  | ☐ On track to succeed☐ Results to date indicate the need for improvement☐ Work objective no longer required☐ N/A | Manager/supervisor:Employee: | ☐ Succeeded ☐ Did not succeed |
|  |  |  |  |  |  | ☐ On track to succeed☐ Results to date indicate the need for improvement☐ Work objective no longer required☐ N/A | Manager/supervisor:Employee: | ☐ Succeeded ☐ Did not succeed |

\*An action plan, if required, is triggered in Section A: Personal Information.

\*\*Required actions include meetings between the employee and his or her manager/supervisor to discuss progress made.

It has been determined that you are not meeting the work objective(s) and/or not demonstrating the competency or competencies (expected behaviours) outlined above. This action plan documents the work objective(s) and competency or competencies for which improvement is required to correct unsatisfactory performance. This action plan has been developed following discussion with you concerning expected performance improvement and the time period in which to achieve this improvement. During this time period, you must demonstrate that you have the ability to perform all the responsibilities of your current position; otherwise, further action will be taken, which may include demotion, or termination of employment.

Action plan time period: Beginning: Y-M-D End: Y-M-D

Acknowledgement that the discussion of the action planhas taken place on: Y-M-D

Employee’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee’s signature check box: ☐

Manager’s/supervisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s/supervisor’s signature check box: