

ACTION PLAN TO IMPROVE PERFORMANCE

Manager’s /Specialist’s name:Group/Level:

Immediate Superior’s name:

Start of current review period:End of current review period:

1. Attach a copy of the current performance expectations.

2. Identify the specific expectations (commitments/competencies) that (are) not being met.

What performance improvement is required?	Corrective Action(s) Required (Consider both job and individual factors requiring attention, including competencies.)	Measurement Criteria	Person Responsible for the Action	Due Date (date by which action is to be completed)	Date of Follow-up	Result of Action Plan 1. In progress 2. Improved performance to meet objective 3. Assignment to another job 4. Seek alternate options and discuss with Labour Relations Advisor

Comment(s):

Manager's/Specialist's signature: _____ Date: _____

Immediate Superior's signature: _____ Date: _____