Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee PF #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation (appraisal) Period: From Date\_\_\_\_\_\_\_\_\_\_\_ Through Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Work Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this form is to document ongoing performance issues and create an individual action plan to support and monitor the employee’s progress. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problem Definition

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| Describe the performance problems in specific detail and attach supporting documentation. (Information must coincide with expectations/standards as shown in employee’s performance evaluation document.) |
|  |

Impact of Employee’s Performance on Department of Commerce

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| --- |
| Explain the impact of the problem as it relates to the Department’s goal, program’s office responsibility, etc. |
|  |

Expectations/Action Plan

|  |
| --- |
| Describe Specific Performance Goals Required for Improvement (Information must coincide with employee’s expectations/standards as shown in employee’s Performance Evaluation document. |
|  |

Immediate and sustained improvement is needed as discussed above. Your performance will be monitored. We will meet every 30 days, or as needed, to discuss progress. If there are any other incidents, you may be subject to corrective action, up to and including termination.

**Supervisor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s signature serves as an acknowledgement of receipt only; it does not necessarily indicate agreement with the contents of this document.

Distribution: \_\_Original to Employee’s Site Personnel File \_\_Copy to COM \_\_Copy to Employee