



EMPLOYEE ACTION PLAN

EMPLOYEE AGREEMENT:

I have evaluated the action plan of _____, staff member in the Department of _____.

PROGRESS REPORT DATE: _____ ANTICIPATED COMPLETION DATE: _____

BRIEF SUMMARY: *(Attach supporting documents)*

SIGNATURES:

Signatures indicate agreement with the plan of action developed to improve the employee's performance. Failure to comply with the agreed upon Plan of Action may result in non-renewal of the employee's contract or termination.

Employee

Date

Supervisor

Date

Vice President

Date