

# **PERFORMANCE IMPROVEMENT PLAN – ACTION PLAN**

#### The purpose of Performance Improvement Plan is to improve or correct below standard performance.

Effective implementation of the plan ensures:

- The associate understands his/her performance or conduct issues and areas requiring improvement
- The associate receives coaching and support from his/her manager in order to meet performance or conduct objectives
- Problems that are blocking the associate's progress are identified
- Where appropriate, action plans are developed and reviewed with the associate, setting clear expectations for future performance
- The associate's progress toward achieving the performance standards are supported and reviewed regularly by his/her manager

MEETING DATE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

DEPARTMENT: \_\_\_\_\_

## ASSOCIATE NAME:\_\_\_\_\_

## MANAGER NAME: \_\_\_\_\_

| PERFORMANCE<br>CONCERN (S)  | OBJECTIVES TO<br>ENHANCE PERFORMANCE   | ASSOCIATE'S ACTIVITIES   | MANAGER'S ACTIVITIES   | COMPLETION DATE   |
|---|--|--|--|---|
| <ul> <li>WHERE THERE IS A CLEAR<br/>PATTERN OF EVIDENCE IN THE<br/>ASSOCIATE'S BEHAVIOR</li> <li>LIST SPECIFIC PERFORMANCE<br/>CONCERN (S)</li> <li>INCLUDE OBJECTIVES AND<br/>MEASURES THAT ARE NOT<br/>BEING MET</li> <li>For example: For the past 6<br/>months the associate's sales<br/>numbers have been below<br/>standards for the Sales Dept.<br/>The associate needs to bring<br/>his/her Revenue and Gross Profit<br/>up to the "meets standard" level<br/>of 100-115%.</li> </ul> | <ul> <li>MUST INCLUDE ACTIONS AND<br/>MEASUREMENTS TO GAUGE<br/>SUCCESS</li> <li>For example: The associate<br/>should be achieving revenue<br/>targets in a minimum of 75% of<br/>his/her accounts as well as<br/>hitting his/her overall revenue<br/>goals monthly.</li> <li>List desired competencies.</li> </ul> | <ul> <li>IDENTIFY SPECIFIC<br/>ACTIVITIES/RESPONSIBILITIES<br/>FOR EACH OBJECTIVE</li> <li>For example: Prepare and<br/>maintain an organized call out<br/>schedule and Account profile<br/>sheets for every account</li> <li>Read Promo Pack to increase<br/>awareness of Current Vendor<br/>promotions to sell to his/her<br/>current territory</li> </ul> | <ul> <li>IDENTIFY SPECIFIC ACTIVITIES<br/>THAT DIRECTLY SUPPORT THE<br/>RELATED ASSOCIATE'S<br/>ACTIVITIES</li> <li>For example: Provide associate<br/>with information about his daily<br/>sales and call stats achievement.</li> <li>Spend 1 hour with the associate<br/>reviewing his/her account base –<br/>help identify any potential<br/>opportunities that can be<br/>explored.</li> </ul> | <ul> <li>APPROXIMATELY 30 DAYS<br/>AFTER THE ACTION PLAN IS<br/>IMPLEMENTED</li> <li>IMPORTANT THAT THE<br/>ALLOTTED TIME BE REALISTIC<br/>YET INDICATIVE OF THE<br/>UGRENCEY OF IMPROVED<br/>PERFORMANCE</li> <li>For example: Present written<br/>summary of possibilities to<br/>explore within account base<br/>February 8, 2016</li> </ul> |

### **ASSOCIATE COMMENTS:**

| Received and Accepted by (Associate) |                          | / /    |
|--------------------------------------|--------------------------|--------|
|                                      | (Associate's signature)  | (Date) |
| Delivered by (Manager)               |                          |        |
|                                      | (Supervisor's signature) | (Date) |

### **Periodic Review Notes**

| <u>Date</u> | <u>Comments</u> | Associate Signature | Supervisor Signature |
|-------------|-----------------|---------------------|----------------------|
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#### CHECK ONE:

[ ] Performance Improvement Plan Satisfactorily Completed on \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
 [ ] Disciplinary Action Required (Discuss with Human Resources)

Failure to meet and sustain improved performance may lead to further disciplinary action, up to and including termination. Disciplinary action may be taken in conjunction with, during, or after the performance improvement plan.

| Final Review Accepted by:  |                                      | / /    |
|----------------------------|--------------------------------------|--------|
| · · · · ·                  | (Associate's signature)              | (Date) |
| Final Review Delivered by: |                                      | //     |
| -                          | (Supervisor's signature)             | (Date) |
| Final Plan Reviewed by:    |                                      | //     |
|                            | (Human Resource Manager's signature) | (Date) |

*This performance improvement plan is not intended to be an employment contract or guarantee of continuing employment.*