Expectations of your role, (POSITION TITLE), include (LIST ESSENTIAL FUNCTIONS/COMPETENCIES NEEDING ADDRESSED).

Throughout your employment, we have discussed concerns with your performance in these essential functions on (DATES OF CONVERSATION). On (DATE), you set a redirection plan with your supervisor.

Since the redirection plan, the following instances have occurred that do not meet the performance expectations.

* (LIST PERFORMANCE ISSUES WITH DATES)

Unfortunately, the redirection plan was unsuccessful. We are asking you to decide if this role is the right fit for you. If this is the right fit for you, please tell us how you will improve your performance in these essential functions.

|  |
| --- |
| What will the employee do to improve performance?  |

|  |
| --- |
| Additional Comments:  |

*To be successful in your position, it is essential your performance improve in the areas discussed. For the next \_\_\_\_\_ days, follow up will occur frequently to assess your improvements. This  plan is not intended to be an employment contract or guarantee of continued employment.*

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Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

|  |  |
| --- | --- |
| Date of follow up | Employee & Supervisor notes on plan progress & completion |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*After completion, the plan and progress notes will be uploaded into your employee file.*

**Date of Completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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