



Performance Plan

For instructions, see the Field Guide. Additional pages may be attached.

Member Name: _____

Supervisor Name: _____

Meeting Date(s): _____

Reason(s) for Performance Plan

During the past _____ it has become increasingly evident to your _____ [team leader or supervisor] that you have not been performing your assigned work in accordance with what is expected of a[n] _____ [job title]. On _____ [dates], you were counseled about this unacceptable performance. To date, there has not been any significant improvement. SCA values you as member, and it is your leadership teams intent to make you fully aware of this situation and to assist you in improving your work performance. However, it is important that you realize the responsibility to improve is yours alone.

You are being placed on a written improvement plan. For the next (circle one) ____, **5, 10, 30, 60**, or **90** days, [date] _____ to date, [_____], your work will be closely monitored. You must demonstrate immediate improvement according to the plan below.

Plan

SMART Goals and Expectations: [Identify areas of improvement. If necessary, use a separate sheet and attach it to this document. Define specific performance objectives that need to be met. Objectives should be specific, measurable, achievable, relevant, and time oriented. Attach additional sheets as necessary]



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Monitoring the Plan:

_____ [supervisor] will review your progress on each of the above items requiring improvement every _____ [day/week and time of review].

We trust that in so doing, we can guide you in becoming a contributing member of SCA.

Improvement:

Improvement must occur immediately and must be maintained. If any portion of this Performance Plan is violated at any time during the specified timeframe, disciplinary action to include separation from the company may occur. A decrease in performance after successfully completing the improvement plan may result in being dismissed from SCA without the issuance of another warning or improvement plan. As always, the Open-Door Policy is available for you to discuss any concerns.

Your signature acknowledges this discussion. It does not indicate agreement or disagreement with this plan.

_____	_____
Member Signature	Date
_____	_____
Supervisor's Signature	Date
_____	_____
Witness or HR Signature	Date

Periodic Review Notes

Comments	Supervisor Initials	Date

Follow-up

- Performance Action Plan satisfactorily completed on: ____/____/____
- Corrective Action Required (attach explanation and submit to HR @ jstpierre@thesca.org)

Copy: Member

Original: Personnel File