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|  | **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 team’s 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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|  |  |
| --- | --- |
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**Monitoring the Plan:**  [supervisor] will review your progress on each of the above

actions requiring improvement every [day/week and time of review].   
We also encourage you to take an active role in your progress so please reach out to [supervisor] as needed.

**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 dismissal 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

Comments:

**Follow-up**

[ ] Performance Action Plan satisfactorily completed on: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

[ ] Corrective Action Required (attach explanation and submit to HR @ bnelson@thesca.org

**Copy**: Member **Original**: Personnel File

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