

# **EMPLOYEE ACTION FORM TEMPLATE:**

**Team Member Name:** \_\_\_\_\_ **Team Member Role:** \_\_\_\_\_

**Date of Counseling:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_ **Date of Expected Improvement:** \_\_\_\_\_

## **AREAS FOR IMPROVEMENT**

EXPLAIN IN DETAIL THE AREAS/ACTIONS EMPLOYEE NEEDS TO IMPROVE ON:

## **SUCCESS LOOKS LIKE**

DEFINE WHAT SUCCESS WOULD LOOK LIKE:

## **INITIATIVES FOR IMPROVEMENT**

DEFINE WHAT ACTIONS/BEHAVIORS EMPLOYEE AND MANAGER WILL TAKE TO HELP REACH THAT SUCCESS:

## **PROGRESS/RESULTS**

TRACK EMPLOYEES PROGRESS AND COMPLETION BASED ON EXPECTED DATES:

**Signature of Employee:** \_\_\_\_\_

**Signature of Supervisor Administering Counseling:** \_\_\_\_\_