** Performance Management Plan**

|  |  |
| --- | --- |
| **Today’s Date** | Click or tap to enter a date. |
| **Team Member Name** | Click or tap here to enter text. |
| **Team Member ID** | Click or tap here to enter text. |
| **Department** | Click or tap here to enter text. |
| **Manager** | Click or tap here to enter text. |

The purpose of this Performance Management Plan is to define areas of concern, gaps in work performance, reiterate the expectations of Commonwealth Pain & Spine, and allow the opportunity to demonstrate improvement and commitment.

**Area(s) of Concern** – List the skill(s), behavior(s), or action(s) that need improvement.

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Expectation** – What is the required or expected standard?

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Action Items** – What steps or actions need to be taken to ensure improvement?

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| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Resources and Support** – What training, resources, or support are needed for improvement?

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| Click or tap here to enter text. |
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| Click or tap here to enter text. |

**Success Measure** – What does improvement look like?

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| Click or tap here to enter text. |
| Click or tap here to enter text. |

**Expected Date of Improvement**

|  |
| --- |
| Click or tap to enter a date. |

**Additional Comments**

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| --- |
| Click or tap here to enter text. |

**Follow-Up**

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| --- | --- | --- |
| **Date** | **Notes** | **Result** |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |
| Click or tap to enter a date. | Click or tap here to enter text. | Choose an item. |

**[ ] Performance Management Plan satisfactorily completed on: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

**[ ] Corrective Action Required (attach and submit to Human Resources)**

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

**Performance Management Plan reviewed by:**

Human Resources (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader/Director (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review completed by:**

Supervisor (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement by:**

Team Member (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Copy: Team Member

Original: Personnel File