



Employee Performance Action Plan

www.shawstruckrepairs.com.au (ABN 12 120 480 828)

Employee's Name:
Surname First Name

Employee Number: Location:

Date of Warning: Date of Action Plan:

Description of Issues Causing Concern: (Reason for warning)

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What action will be taken in relation to this?	How will this action be taken?	When will this action be taken?

What will be an acceptable outcome?

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Employee's Acknowledgement:

- I understand that if I fail to successfully complete this action plan, then my employment with the company may be reviewed.
- I understand that failure to reach the expected standards as described in this action plan may result in the termination of my employment contract.
- I understand that if at any time I feel for any reason that my ability to complete this action plan is at risk, I should contact my supervisor or the Human Resources Manager as soon as possible.
- I acknowledge receipt of a copy of this form.

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Supervisor's Signature

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Employee's Signature

.....
Witness' Signature

Notes:

- If the employee refuses to sign the form, the Supervisor and witness should indicate this on the form
- Attach additional documentation if necessary