

# Workplace Action Plan Worksheet

Employee Name:

Department/Team:

Date:

Supervisor/Manager:

## 1. Describe the Issue or Area for Improvement

## 2. Actions to be Taken

Action Steps	Responsible Person	Resources Needed	Due Date	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. Support & Additional Comments

Review/Follow-up Date:

Acknowledgement

Employee Signature:

Supervisor/Manager Signature: