Clarification of Expectations Plan

mpioyee:				
upervisor:				
		ed to focus your attention on sul		
oncerns with your	overall performance a	nd effectiveness. The following i		
liscussed regarding	your performance an	d my recommended corrective a	ctions to address the concerns.	
Date of Discussi	ion Performa	ance Concerns Discussed	Agreed Future Outcomes/Actions	
erformance expec	tations. Over the next	4 weeks, you need to address and to sustain and maintain improve		
Key Responsibility	Area of Deficiency	Expected Improvement (Goals)	Timeframe To Achieve Improvement Goal	



We will meet weekly to review your progress on the following dates and times:
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•
•
•
It is your responsibility to notify me if at any time during this time period you need any resources and/or
assistance in removing any barriers you may encounter which may impede your progress.
Significant progress and improvement must be attained and sustained. This Clarification of Expectations Plan may
be modified as necessary during this period, depending on your progress. Failure to achieve expected
improvement will result in further formal corrective action that may ultimately lead to termination.
Employee Signature:
Employee Signature:
Supervisor Signature:



Clarification of Expectations Plan Progress Report

Name of Employee:	Supervisor:

Date	Area of Deficiency	Expected Improvement	Updated Progress	Comments, Feedback, Agreed Upon Plans

