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| EMPLOYEE ACTION PLAN | | | | | **DATE** | |
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| **EMPLOYEE** | | **SUPERVISOR** | | | **TRAINER** | |
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| **TEAM MEMBERS** | | | | | | |
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| **DESIRED ACHIEVEMENTS** | | | | | | |
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| **KNOWN PROBLEM AREAS** | | | | | | |
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| SEQUENTIAL STRATEGIC ACTION DESCRIPTIONS | PARTY / DEPT RESPONSIBLE | DATE TO BEGIN | DATE DUE | RESOURCES REQUIRED | DESIRED OUTCOME | EVALUATION PLAN |
| 1.) |  |  |  |  |  |  |
| 2.) |  |  |  |  |  |  |
| 3.) |  |  |  |  |  |  |
| 4.) |  |  |  |  |  |  |
| 5.) |  |  |  |  |  |  |
| 6.) |  |  |  |  |  |  |
| 7.) |  |  |  |  |  |  |
| 8.) |  |  |  |  |  |  |
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| 9.) |  |  |  |  |  |  |
| 10.) |  |  |  |  |  |  |
| 11.) |  |  |  |  |  |  |
| 12.) |  |  |  |  |  |  |
| **ADDITIONAL NOTES** | | | | | | |
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| EMPLOYEE SIGNATURE: | | | | DATE: | | |
| SUPERVISOR SIGNATURE: | | | | TRAINER SIGNATURE: | | |
| TEAM MEMBER SIGNATURES | | | | | | |
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