

# ***PERFORMANCE BENCHMARKING***

## **An Appraisal & Action Plan**

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_



# Action Planning

### 3. Prioritization:

Identify the top three things you'd like the employee to improve in the next six months. Prioritize them in order of importance.

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

### 4. What they are doing now:

For each area of improvement, describe what you see the employee currently doing.

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**5. What needs to change:**

For each area of improvement, describe what you feel the employee needs to do differently in order to improve her/his performance.

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**7. Employee Improvements:**

Complete the Performance Benchmark Action Plan (the following page) by listing the action items you believe the employee needs to implement to improve his/her job performance. Be sure to include the date the action item should be completed.

**8. Assistance:**

List what you or other staff members can do to help the employee achieve her/his desired results.

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# Performance Benchmark Action Plan

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

ACTION ITEM:	Training/ Support By:	Completion Date:	Follow-Up Date:	Rating:



**Follow-Up**

**9. Calendar follow-up date:**

Identify a date to evaluate the success and effectiveness of the Performance Benchmark Action Plan. The date should be no more than 30 days after the last action item completion date.

Date: \_\_\_\_\_

**10. Evaluation Meeting:**

Review the Performance Benchmark Action Plan and assess the implementation of the action items using the ratings below

- Complete Implementation – 1.0
- Mostly Implemented – .75
- Some Implementation – .5
- Minor Implementation - .25
- Nothing Implemented - 0

Employee's Initials \_\_\_\_\_

Date \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Give a copy of the review to the employee. The original is kept in the employee's personnel file.*