**ACTION PLAN**



**Item for Improvement**

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| --- | --- | --- | --- | --- | --- |
| **Item Targeted**  **for Action** | **Actions to Take (List)** | **Date (s)**  **(When)** | **What Resources**  **Will Be Required?** | **Measures**  **Of Success** | **Progress**  **To Date** |
|  | **1.**  **2.**  **3.**  **4.** |  |  |  |  |

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Action plan assigned on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Final draft reviewed and approved on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_