**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_