

**EMPLOYEE PERFORMANCE PROBLEM CHECKLIST**

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Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_

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Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_ Date \_\_\_\_\_

Initial Meeting Attended by: \_\_\_\_\_

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Statement of Performance Problem

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Employee's Explanation for Problem

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Corrective Action Steps to be Taken as Agreed by Employee and Supervisor:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Terms of Consequences as Discussed:

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Follow up Dates:

Summary of Action Taken and/or Results & Progress:

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Deadline Date/Results:

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