

STRICTLY CONFIDENTIAL

ST JUST TOWN COUNCIL
APPRAISAL ACTION PLAN

Interviewee's Name:	Date:
Job Title:	

Interviewer's Name:

This document is to be completed by the interviewing manager(s) as soon as possible, and not later than two weeks after the interview has taken place. It should outline the agreements reached by both parties, and state the form in which the action is intended, i.e. action by manager, or action by interviewee, or by both.

This sheet, when completed, should be shown to the interviewee and, provided that you both agree the contents, it should be signed by both parties. Both parties must retain a copy.

The updating of the Job Description is the manager's responsibility.

Description	Action to be taken and Time Scale	
Previous Action Plan If the interviewee has had a previous interview, have the points raised been dealt with to his / her satisfaction? YES / NO. If no, please state why?		
Job Description Are any significant changes required?		



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Key Achievements:	
Work Priorities: Year ahead / clear objectives /	
timescale	
Training Development:	
Received over the past year?	
Outline the benefits to the interview of undertaking the training?	
Further training requirements?	
Organisation:	
Paperwork / Communications	



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Health and Safety:				
Lone Working / Personal Security				
Handling Complaints / Queries: Initiative / Recording				
Motivation:				
Additional Employee's comments, if any:				
Additional Manager (s)comments, if any:				
I AGREE TO THE ACTION PLAN AS DETAILED ON THIS DOCUMENT				
Signature of Employee:		Date:		
Signature of Town Clerk / Chair St	taffing Committee	Date:		
Submitted to the Staffing Commi	ttee:	Date:		
When signed convito he provided	to all narties			