Your Agency/Organization Logo

TEAM MEMBER ACTION PLAN/CHANGE PROPOSAL

Date:			
Completed By:			
Approved By:	Date:		
My Action Plan/Change Proposal for the upcomin	ng quarter addresses the fo	lowing Strategic	Objectives:
Success Measures: At the end of this period, I and when the following are true statements:	d my Supervisor will know t	his Action Plan is	a success
1.			
2.			
3.			
Actions	Accountability	Timeline	Budget

Actions	Accountability	Timeline	Budget
Total Revenue Anticipated From This Action Plan/Chang	ge Proposal:	\$	
Total Expenses Anticipated From This Action Plan/Chan	ge Proposal	\$	
Net (Revenue minus Expenses) For This Action Plan/Cha	ange Proposal	\$	