

## GM@W Action Planning Worksheet

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PF9: WORKLOAD MANAGEMENT

**OBJECTIVE:** A work environment where tasks and responsibilities can be accomplished successfully within the time available.

#### PF9 GM@W Survey Results

PF9 GM@W Survey Score: \_\_\_\_\_ (5 to 20)

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

SERIOUS CONCERNS	SIGNIFICANT CONCERNS	MINIMAL CONCERNS	RELATIVESTRENGTHS
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#### PF9 GM@W Organizational Review Results

PF9 GM@W Organizational Review Score: \_\_\_\_\_ (5 to 20)

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

SERIOUS CONCERNS	SIGNIFICANT CONCERNS	MINIMAL CONCERNS	RELATIVESTRENGTHS
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Serious Concerns = 5 to 9
Significant Concerns = 10 to 13
Minimal Concerns\* = 14 to 16
Relative Strengths\*\* = 17 to 20

\* Although this is a Minimal Concern, it is important to attend to it and review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

\*\* Although this is a Relative Strength, it is important to review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

	<b>Selected Action(s)</b> (What exactly are you planning to do?)	<b>Starting Date</b> (What is a realistic date to begin?)	<b>End Date</b> (Is the action ongoing or will it end? If so, when?)	<b>Action Team</b> (Who is involved? Be specific.)	<b>Indicator(s)</b> (What changes do you expect to result from this Action?)	<b>Evaluation Date</b> (When will you determine if the Action was successful?)
<b>Action Priority 1:</b>						
<b>Action Priority 2:</b> <i>(if applicable)</i>						
<b>Action Priority 3:</b> <i>(if applicable)</i>						