

Carolina Family Health Centers, Inc.

Performance Improvement Plan – Follow-Up

EMPLOYEE NAME: _____ **POSITION:** _____

SUPERVISOR: _____ **DATE:** _____

In the review of the issues described in the Performance Improvement Plan dated _____, it is my recommendation that the following action be taken. My recommendation is justified due to the circumstances described below:

RECOMMENDED ACTION:

- ☐ Substantial improvement noted. No further action is required.
- ☐ 30-day Extension (Exceptional circumstances only)
- ☐ Disciplinary Probation
- ☐ Termination of Employment
- ☐ Involuntary Transfer/Demotion

JUSTIFICATION:

APPROVED BY:

Department Director

Date

Chief of Staff

Date

CONFERENCE CONDUCTED BY:

Supervisor

Date

Director of Human Resources

Date

EMPLOYEE COMMENTS:

Employee

Date

My signature acknowledges this conference occurred. Refusal to sign is grounds for additional disciplinary action or immediate termination of employment.

REVIEWED BY:

Chief Executive Officer

Date