



Performance Improvement Plan

Employee Name: _____

Meeting Date: _____ Dept: _____

Supervisor Name: _____

Standard(s) of Performance Reviewed: (check all that apply):

Productivity Culture

Teachability Conduct

Other (define): _____

Specific examples of current performance under review: _____

Improvement Plan

What is expected How should it be accomplished Timeframe / Deadline

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Agreed upon by:

Employee (signature): _____ Date: _____

Supervisor (signature): _____ Date: _____

Periodic Review Notes

Comments	Employee Initials	Supervisor Initials	Date
1.			
2.			
3.			
4.			
5.			
6.			

CHECK ONE:

Performance Action Plan satisfactorily completed on: ____/____/____

Corrective Action Required (*attach and submit to Human Resources*)

Failure to meet and sustain improved performance may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance plan.

Reviewed and accepted by:

Employee (signature): _____ **Date:** _____

Review completed by:

Supervisor (signature): _____ **Date:** _____

Performance Action Plan reviewed by:

Human Resources (signature): _____ **Date:** _____

This performance plan is not intended to be an employment contract or guarantee of continuing employment.

Copy: Employee
Original: Personnel File