

# PERFORMANCE IMPROVEMENT PLAN

| EMPLOYEE INFORMATION |   |
|----------------------|---|
| NAME                 | EMPLOYEE I.D. NO. / SOCIAL SECURITY NO. |
| DEPARTMENT           | LOCATION                                |
| LAST EVALUATION DATE | SUPERVISOR                              |

| PERFORMANCE  |  |
|--|--|
| LIST EMPLOYEE'S JOB RESPONSIBILITIES OR BEHAVIORAL COMPETENCIES THAT REQUIRE ATTENTION |  |
| RESPONSIBILITY / BEHAVIOR  |  |
| SPECIFIC IMPROVEMENT REQUIRED  |  |
| RESPONSIBILITY / BEHAVIOR  |  |
| SPECIFIC IMPROVEMENT REQUIRED  |  |
| RESPONSIBILITY / BEHAVIOR  |  |
| SPECIFIC IMPROVEMENT REQUIRED  |  |

| ACHIEVEMENT   |  |
|---|--|
| IDENTIFY TRAINING PROGRAMS OR EQUIPMENT THAT WILL AID EMPLOYEE IN ACHIEVING IMPROVEMENT |  |
|   |  |
|   |  |
|   |  |
|   |  |
| NEXT REVIEW DATE  |  |

PERFORMANCE IMPROVEMENT PLAN WAS DISCUSSED WITH ME AND I HAVE RECEIVED A COPY.

\_\_\_\_\_  
EMPLOYEE SIGNATURE                      DATE                      PRINTED EMPLOYEE NAME

| FOLLOW UP REVIEW   |      |
|--|------|
| EMPLOYEE HAS / HAS NOT ACHIEVED DESIRED IMPROVEMENT AS DESCRIBED ABOVE |      |
| SUPERVISOR'S COMMENTS  |      |
|  |      |
|  |      |
|  |      |
| SUPERVISOR'S SIGNATURE   | DATE |