

Performance Improvement Plan

Employee Name: _____

Meeting Date: _____ Department/Building: _____

Supervisor Name: _____

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

- Productivity Efficiency Quality Teamwork
 Attendance Conduct Other (define) _____

Specific examples of current performance under review:

Improvement Plan: (what is expected, how it should be accomplished, and in what timeframe)

Agreed upon by:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Performance Improvement Plan

Periodic Review Notes

Comments	Employee Initials	Supervisor Initials	Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

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: _____