Performance Improvement Plan

To:

From:

Date:

Subject:

On, \_\_\_\_\_\_\_\_\_\_\_\_\_\_,we discussed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inworking to improve these items the following activities must be accomplished by \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We will continue to meet as scheduled to monitor your progress and at that time we will re-evaluate all items outlined above. Throughout this interactive process please make suggestions to your supervisor about ways you feel you can accomplish the goals listed above. The next page provides a detailed outline and follow-up schedule.After the evaluation period is over it will be determined what the next step in the process will be.

By signing below you are agreeing you will work to the best of your abilities to improve upon the items listed above. You are agreeing to meet with your supervisor at the scheduled intervals and provide feedback to the process. You understand that failure to improve upon the items listed above or failure to improve them to an acceptable standard may lead to further action including discipline.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date

Performance Improvement Plan

Employee Name:

Outlined below is a listing of the Areas of Improvement that have been identified. Each item has action items to improve and a date completion is expected. Follow-up meetings are held at agreed upon times and each meeting must be initialed off on by both the supervisor and employee.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Area of Improvement | Action Items to Improve | Date to Complete | Date of Follow Up Meeting | Supervisor Initials | Employee Initials |
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COMMENTS:

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