**Performance Improvement Plan**

Employee Name: Meeting Date:

**Manager Name**:

Department: \_

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Job Knowledge |  | Customer Service |  |  | Teamwork |  | Accountability / Quality Work |
|  |  |  |  |  |  |  |  |
| Communications |  | Proactivity/Initiative |  |  | Flexibility / Embraces Change |  |  |

Agreed upon by:

Employee (signature): Manager (signature):

Date: Date:

Manager consultation with Human Resources, Employee Relations Date:

Issues and Expectations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Issues** | **Desired Outcomes** | **Desired Actions** | **Evaluation Date and Initials** | **Evaluation Outcomes** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |