



**PERFORMANCE COUNSELING RECORD - DRAFT**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**Performance expectations:** *(describe exactly what you expect in terms of improvement in measurable terms, with job responsibilities that can be expected and accomplished)*

**Performance issue(s):** *[describe problem, history of problem or related problems, prior counseling or discussion, and current situation]*

**Time frame for improvement:** *[specify time frame within which improvement must be seen; also identify any interim time frames and/or milestones which will be measured; if applicable, specify how often progress will be checked prior to final deadline]*

**Consequences:** **If you fail to make significant and meaningful progress toward the performance goal(s) specified above, and/or fail to meet your performance goals within the period specified above or thereafter, you will subject to further disciplinary action up to and including the termination of your employment.**

**I hereby acknowledge that I have read and understand the Performance Improvement Plan described above and have discussed it with my supervisor.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR SIGNATURE