

Performance Improvement Plan Form

Employee Name: _____

Department: _____

Supervisors Name: _____

ID# _____

Date: _____

Area for Development	Expectation	Plan for meeting Expectation	Due Date	Meeting Date

Action Required:

Significant and immediate improvement in your performance is essential. We will continue to meet _____ to discuss progress. The duration of this Performance Improvement Plan is _____ days. If improvement is not achieved, you may be subject to disciplinary action, up to and including termination.

Follow Up Meetings:

_____	Employee Signature: _____	Date: _____
_____	Manager Signature: _____	Date: _____

 Copy given to Employee

 Original sent to Human Resources