

PERFORMANCE IMPROVEMENT PLAN

Name: _____ Position Title: _____
Department/Division: _____ Rater: _____
Dates For Work Plan: From: _____ To: _____

Instructions: Performance improvement plans will be established for any performance factor rated #1 (unacceptable) or #2 (improvement needed). The purpose here is to identify specific areas that need improvement and establish a specific work plan to improve performance. Provide expected outcomes and date for follow-up review.

Performance Criteria not met: (list problem in specific terms, give examples)

Activity Designed To Improve Performance: (training, desired goals, specific tasks)

Give completion dates for each task and when you expect performance improvement.

Expected Performance and Behavioral Changes To Improve Performance:

Follow up review Date(s): 1 _____ 2 _____ 3 _____

Supervisor/Rater's Signature: _____ Date: _____
Employee's Signature : _____ Date: _____
Reviewer's Signature: _____ Date: _____
Department Head Signature: _____ Date: _____