

PERFORMANCE IMPROVEMENT PLAN

Employee Name: _____

Employee Classification & Title: _____

Purpose: Your performance is currently below competent and effective and does not meet the primary objectives for this position. The key areas that need improvement are listed below. This performance improvement plan has been established to provide you with a tool to focus on areas that need improvement. Improvement is necessary in order to successfully meet the requirements of this position. This performance improvement plan provides up to three rating periods with formal review at the end of each rating period. The duration of the performance improvement plan may be extended as necessary.

	PERFORMANCE PERIOD			
	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	
PERFORMANCE NEEDING IMPROVEMENT	Start Date: End Date:	Start Date: End Date:	Start Date: End Date:	SUPERVISOR COMMENTS
1. Performance Improvement Area/Issue: GOAL:	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period 1:
				Period 2:
				Period 3:
2. Performance Improvement Area/Issue: GOAL:	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period 1:
				Period 2:
				Period 3:
3. Performance Improvement Area/Issue: GOAL:	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period 1:
				Period 2:
				Period 3:
4. Performance Improvement Area/Issue: GOAL:	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Met Goal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Period 1:
				Period 2:
				Period 3:

A. Reviewer Signature – Prior to Implementation

1. REVIEWER JOB CLASS/TITLE & SIGNATURE: Name: _____ Job Class/Title: _____ Signature: _____ Date: _____	2. SUPERVISOR JOB CLASS/TITLE & SIGNATURE: Name: _____ Job Class/Title: _____ Signature: _____ Date: _____	3. EMPLOYEE JOB CLASS/TITLE & SIGNATURE: Name: _____ Job Class/Title: _____ Signature: _____ Date: _____
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B. Performance Plan Meeting Sign-Off – End of Period 1

1. SUPERVISOR SUMMARY STATEMENT:		
2 SUPERVISOR SIGNATURE:	3. SUPERVISOR JOB CLASS & TITLE:	4. MEETING DATE:
5. EMPLOYEE SIGNATURE:	<input type="checkbox"/> I AGREE WITH THIS REPORT <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL <input type="checkbox"/> DECLINED TO SIGN SUPERVISOR - INITIAL _____	6. DATE SIGNED:

C. Performance Plan Meeting Sign-Off – End of Period 2

1. SUPERVISOR SUMMARY STATEMENT:		
2 SUPERVISOR SIGNATURE:	3. SUPERVISOR JOB CLASS & TITLE:	4. MEETING DATE:
5. EMPLOYEE SIGNATURE:	<input type="checkbox"/> I AGREE WITH THIS REPORT <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL <input type="checkbox"/> DECLINED TO SIGN SUPERVISOR - INITIAL _____	6. DATE SIGNED:

D. Performance Plan Meeting Sign-Off – End of Period 3

1. SUPERVISOR SUMMARY STATEMENT:		
2 SUPERVISOR SIGNATURE:	3. SUPERVISOR JOB CLASS & TITLE:	4. MEETING DATE:
5. EMPLOYEE SIGNATURE:	<input type="checkbox"/> I AGREE WITH THIS REPORT <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL <input type="checkbox"/> DECLINED TO SIGN SUPERVISOR - INITIAL _____	6. DATE SIGNED:
7. REPORTING SUPERVISOR/MANAGER SIGNATURE:	8. REPORTING SUPERVISOR JOB CLASS & TITLE:	9. DATE SIGNED: