PERFORMANCE IMPROVEMENT PLAN										
Purpose: Nimprovement a Improvement is	Classification & Title: Your performance is currently belowed the listed below. This performance is the performance is the performance in the performance is the performance is the performance in the performance is the performance is the performance is the performance in the performance is the performance is the performance is the performance in the performance in the performance is the performance in the performance in the performance is the performance in the performance in the performance is the performance in the performance in the performance is the performance in the per	ce improvement plan h ly meet the requirement	as been established s of this position. Thi	I to provide you wit s performance impre	ojectives for this position. The key areas that need the half tool to focus on areas that need improvement, ovement plan provides up to three rating periods with led as necessary.					
		PEF	RFORMANCE PE	RIOD						
		Period 1	Period 2	Period 3						
PER	FORMANCE NEEDING IMPROVEMENT	Start Date: End Date:	Start Date: End Date:	Start Date: End Date:	SUPERVISOR COMMENTS					
1. Performan	ce Improvement Area/Issue:	Met Goal?	Met Goal?	Met Goal?	Period 1:					
GOAL:		☐ Yes	☐ Yes	□ Yes	Period 2:					
		□ No	□ No	□ No	Period 3:					
2. Performan	ce Improvement Area/Issue:	Met Goal?	Met Goal?	Met Goal?	Period 1:					
GOAL:	:	☐ Yes	□ Yes	☐ Yes	Period 2:					
GOAL:		□ No	□ No	□ No	Period 3:					
3. Performan	ce Improvement Area/Issue:	Met Goal?	Met Goal?	Met Goal?	Period 1:					
GOAL:	. :	☐ Yes	□ Yes	☐ Yes	Period 2:					
GOAL.		□ No	□ No	□ No	Period 3:					
4. Performan	ce Improvement Area/Issue:	Met Goal?	Met Goal?	Met Goal?	Period 1:					
0041	L:	□ Yes	☐ Yes	☐ Yes	Period 2:					
GOAL:		□ No	□ No	□ No	Period 3:					

DHR_Revised 2-2010 Page 1 of 2

A. Reviewer Signature – Pr	ior to Implemen	itation				
1. REVIEWER JOB CLASS/TITLE & SIGNATURE: Name: Job Class/Title:		2. SUPERVISOR JOB CLASS/TITLE & SIGNATURE: Name: Job Class/Title:		3. EMPLOYEE JOB CLASS/TITLE & SIGNATURE: Name: Job Class/Title:		
Signature:	Date:	Signature:	Date:	Signature:	Date:	
B. Performance Plan Meeti	ng Sign-Off – E	nd of Period 1				
1. SUPERVISOR SUMMARY STATEMEN	NT:					
2 SUPERVISOR SIGNATURE:		3. SUPERVISOR JOB CLASS & TITLE	3. SUPERVISOR JOB CLASS & TITLE:		4. MEETING DATE:	
5. EMPLOYEE SIGNATURE:		☐ I HAVE ATTACHED A REBUTTAL	☐ I DO NOT AGREE WITH THIS REPORT		6. DATE SIGNED:	
C. Performance Plan Meeti	ng Sign-Off – E	nd of Period 2				
1. SUPERVISOR SUMMARY STATEMEN	NT:					
2 SUPERVISOR SIGNATURE:		3. SUPERVISOR JOB CLASS & TITLE	3. SUPERVISOR JOB CLASS & TITLE:		4. MEETING DATE:	
5. EMPLOYEE SIGNATURE:		☐ I HAVE ATTACHED A REBUTTAL	☐ I DO NOT AGREE WITH THIS REPORT		6. DATE SIGNED:	
D. Performance Plan Meeti	ng Sign-Off – E	nd of Period 3				
1. SUPERVISOR SUMMARY STATEMEN	NT:					
2 SUPERVISOR SIGNATURE:		3. SUPERVISOR JOB CLASS & TITLE	:	4. MEETING DATE:		
5. EMPLOYEE SIGNATURE:		☐ I AGREE WITH THIS REPORT ☐ I DO NOT AGREE WITH THIS REPORT ☐ I HAVE ATTACHED A REBUTTAL ☐ DECLINED TO SIGN SUPERVISOR - INITIAL		6. DATE SIGNED:		
7. REPORTING SUPERVISOR/MANAGER SIGNATURE:		8. REPORTING SUPERVISOR JOB CLASS & TITLE:		9. DATE SIGNED:		

cc: Official Employee Personnel File

DHR_Revised 2-2010 Page 2 of 2