

# Performance Improvement Plan



Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Hire Date: \_\_\_\_\_

The purpose of this document is to identify performance deficiencies and to provide a clear concise mechanism for improving performance. Every effort will be made to provide training and support necessary for the successful completion of this Performance Improvement Plan.

**Performance Requiring Improvement:** Below is an explanation of the issue, followed by the desired result, success measure(s), and employee strategies to be used for guiding improved performance. Manager/supervisor will complete the *Desired Result and Success Measure* fields; Employee will complete the *Employee Strategies*; *Employee Strategies* are to be approved by manager/supervisor.

**Explanation of Performance Deficiency:**

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<b><i>Desired Result:</i></b>	
<b><i>Success Measure(s):</i></b>	
<b><i>Employee Strategies:</i></b>	

**Performance Improvement Plan Time Frame:**

- It is important to perform well under the standards set out in this Plan, which was provided to you on \_\_\_\_\_.
- The opportunity to improve becomes effective today and will continue until \_\_\_\_\_.
- By the end of this timeframe, desired results must have successfully met as identified in the Performance Improvement Plan.
- \_\_\_\_\_ and \_\_\_\_\_ will conduct the follow-up.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resource Signature: \_\_\_\_\_

Date: \_\_\_\_\_