

# Employee Performance Improvement Plan

Employee Name

Job Title

Department

Manager/Supervisor

Date

## 1. Areas of Concern

Description of Issue	Examples/Evidence

## 2. Performance Improvement Goals

Goal	Success Criteria	Target Completion Date

## 3. Support & Resources Provided

## 4. Follow-up/Review Dates

Date	Notes/Progress

## 5. Employee Comments

## 6. Signatures

Employee Signature

Date

Manager/Supervisor Signature

Date