

Employee Performance Improvement Plan

Employee Name:

Job Title:

Department:

Manager/Supervisor:

Date:

Purpose of the Plan

Areas for Improvement

| Performance Issue | Expected Standard | Current Performance |
|-------------------|-------------------|---------------------|
| | | |
| | | |

Action Plan

| Action/Step | Support/Resources | Deadline |
|-------------|-------------------|----------|
| | | |
| | | |

Expected Outcomes

Progress Review Dates

Consequences of Not Improving

Signatures

Employee Signature:

Date:

Manager/Supervisor Signature:

Date: