

# Employee Performance Improvement Plan

## Employee Information

Employee Name

Employee ID

Department

Position

Manager / Supervisor

Date of Plan

## Performance Concerns

Description of Concern(s)

Supporting Evidence / Examples

## Expected Performance Improvement

Goals / Objectives

Standards to be Met

## Action Plan

Action Steps	Support/Resources	Timeline

## Monitoring & Review

Progress Review Dates

Criteria for Success

Consequences if Standards are Not Met

## Signatures

Employee Signature

Date

Manager / Supervisor Signature

Date