PERFORMANCE IMPROVEMENT PLAN

DATE: (insert date)
TO: (Employee Name, Title)
FROM: (Supervisor Name, Title)
SUBJECT: Performance Improvement Plan

I. Background Information.

(Describe the current situation in general terms. Include specific dates and contributing factors that lead to a need for a more formal performance improvement plan. List all performance concerns including workplace behaviors and/or expectations not being met (i.e. absenteeism, tardiness, etc.).)

It has been determined that you are currently not meeting the following performance expectations required of your position:

List each performance concern separately.

The above performance standards, when not met, can result in (describe the outcome – poor productivity, poor service outcomes, breakdown in team work, etc.).

II. Expectations

This plan communicates a clear expectation that you must meet the standards of performance demanded of your position no later than (date). The following are specific performance standards that must be met:

(List in bulleted format the standards of behaviors/performance expected – choose those behaviors that reflect on written policies, role descriptions, professional standards, etc. Describe these in measurable terms, if possible. For example, no unscheduled absences for 90 days, X reports completed within 30 days of receipt, etc.)
III. Actions and Follow up

The following are specific actions that will be taken to address the above performance concerns. The intent of this plan is to provide the support and resources needed to insure your success in your position.

<table>
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<tr>
<th>Performance competencies and/or behaviors to be developed:</th>
<th>Development Activities/Tasks</th>
<th>Outcomes/Deliverables</th>
<th>Date to be completed:</th>
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1. This plan will be created and discussed collaboratively and will be approved by (name/s of supervisor/manager).
2. Failure to meet and maintain the expectations outlined above may lead to disciplinary action, up to and including termination.

______________________________ _______________
Employee’s signature    Date

______________________________ _______________
Supervisor’s signature    Date

Cc: HRS Personnel File