
PERFORMANCE IMPROVEMENT PLAN

Employee Name: _____

Date: _____

This document presents a formal Performance Improvement Plan to clarify those performance areas in which you are not meeting stated expectations. To meet the expectations for your position, you must improve in the specific areas noted below within the stated timeline.

Performance Improvement Areas:

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Desired Performance Expectations:

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Corrective Action to be Taken:

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My signature below acknowledges that I have discussed the areas of performance improvement with my supervisor, fully understand the desired performance expectations and related correction action that must be taken, and that failure to achieve the desired performance expectations by the date of _____ may lead to additional performance management up to and including my termination of employment from the Company.

Employee Signature: _____

Supervisor Signature: _____

Witness Signature: _____