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EMPLOYEE

PERFORMANCE IMPROVEMENT PLAN

Confidential

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| --- | --- |
| **TO:** | , |
| **FROM:** | , |
| **DATE:** |  |
| **RE:** | Performance Improvement Plan |

During the course of your last performance evaluation, dated , it was determined that your work performance is below the acceptable standards expected of a . At the completion of the review of your last evaluation, areas requiring improvement were discussed with you. However, as of today, I have not observed any significant improvement in your work performance and work product. values you as an employee and desires to see you fulfill your full potential.

Therefore, you are being placed on a probation improvement period, where your work will be closely monitored and evaluated. The purpose and intent of this Performance Improvement Plan is to define areas of serious concern and/or deficiencies within your work performance, recap 's expectations, and provide you with the opportunity to demonstrate improvement and commitment.

***Areas of Concern and/or Deficiency:***

***Previous Meetings/Discussions and Observations Made:***

***Improvement Goals:***

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If at any time during the probationary period you should encounter a concern or roadblock in achieving the above mentioned improvement goals, it shall be your responsibility to come to me, explain your issue and seek assistance to rectify the issue impeding your progress.

Throughout the duration of the probationary period, should you fail to make the necessary outlined improvements to your work performance, may take one or more of the following corrective or disciplinary actions:

* Revise or extend current performance improvement plan
* Provide Verbal Warning
* Provide Written Warning
* Provide Letter of Expectations
* Extend Probationary Period
* Terminate Employment

Acknowledgement of Receipt:

By signing this document, I acknowledge the discussion with , , regarding the aforementioned performance issues and concerns and thus agree to participate in this Performance Improvement Plan.

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(Employee Signature) (Supervisor Signature)

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(Date) (Date)