

# Performance Improvement Plan

Employee \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

| Area of Concern | Improvement Goal | Completion Date | How Measured | Specific Activities to Accomplish Goals | Support Provided (Mentor, etc.) | Person Responsible |
|-----------------|------------------|-----------------|--------------|---|---------------------------------|--------------------|
|                 |                  |                 |              |   |                                 |                    |
|                 |                  |                 |              |   |                                 |                    |
|                 |                  |                 |              |   |                                 |                    |
|                 |                  |                 |              |   |                                 |                    |

I have received a copy of this plan and agree to complete it as described above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have discussed this plan with the employee and agree to provide support as needed.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_