

Performance Improvement Plan

Employee Name: _____

Supervisor: _____ Date: _____

Reason for Improvement Plan:

Previous Disciplinary Actions:

Date:

Date:

Date:

Steps for Improvement:

Required Result:

Improvement Plan in Effect for: ☐ 2 weeks ☐ 1 month ☐ 3 months ☐ 6 months

Evaluations Every: ☐ week ☐ 2 weeks ☐ month ☐ 2 months

Supervisor/Monitor/Mentor Signature: _____

I, the undersigned employee, agree that the above information is true. I am fully aware of the problem at hand and understand that I am required to show progress over the agreed-upon amount of time, with the arrangement that I will achieve the aforementioned results by the end of the improvement period. If I am unwilling or unable to improve my behavior in the amount of time provided, I will be subject to disciplinary action up to and including termination.

Employee Signature

Date