

Performance Improvement Plan

Employee Name: _____ **Supervisor Name:** _____

Department/Unit: _____ **Classification/Job Title:** _____

Performance Goal	Steps to achieve (including support needed from supervisor)	Completion Date

Signatures below indicate that the above goals were reviewed with the employee.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____

When the performance improvement goal setting form is completed, send the signed form to the Human Resources department, you should also provide a copy of the signed documents to the employee, and retain a copy of documents in the department.

Please be sure to check-in and follow up with the employee within the next 30 and 60 days to continue discussion (insert those dates below). At 90 days, you will be asked to complete the performance improvement plan follow-up document.

30 day check-in date: _____

60 day check-in date: _____



Performance Improvement Plan: Follow-up

Employee Name: _____ Supervisor Name: _____

Department/Unit: _____ Classification/Job Title: _____

30 day check-in date:

60 day check-in date:

90 day check-in date: _____

Employee has achieved the required improvements.

Describe:

Employee has not achieved the required improvements. (Supervisor, please contact the human resource department prior to scheduling the follow up meeting)

Describe:

The following signatures indicate that the review meeting was held.

Employee Signature: _____ Date of discussion _____

Supervisor Signature: _____ Date of discussion _____

When the performance improvement follow up form is completed at 90 days, provide the signed document to the human resources department, provide a signed copy to employee, and retain a copy in the department.