

PERFORMANCE IMPROVEMENT PLAN

This form must be completed and attached to the Employee's Evaluation Form when ratings of "1" or "2" are indicated for any criteria requiring immediate improvement.

Name of Employee: _____

Work Location: _____

Specific Area(s) Needing Improvement:

Assistance and Guidance to be provided to reach Goal(s):

Employee Feedback:

If improvement is not met by _____, one or more of the following measures will be implemented:

- _____ **Written Warning**
- _____ **Letter of Reprimand**
- _____ **Change in Duties**
- _____ **Change of Worksite**
- _____ **Reduction in Work Hours**
- _____ **Suspension Without Pay**
- _____ **Dismissal**

EMPLOYEE SIGNATURE

EVALUATOR SIGNATURE

TITLE

TITLE

DATE

DATE

Signatures verify that this Performance Improvement Plan has been read and discussed. It does not necessarily indicate agreement. The employee may submit a written response within ten (10) working days to the Director of Human Resources.