PERFORMANCE IMPROVEMENT PLAN

Employee Name: _____ Supervisor Name: _____

Date written: _____ Scheduled Review Date: _____ Actual Review Date: _____

CURRENT PERFORMANCE NEEDING CHANGE (dates & examples)	DESIRED RESULT	STRATEGIES FOR PERFORMANCE IMPROVEMENT	ACTUAL RESULT/REVIEW

_____ _____

Employee Date (initial) Supervisor Date (initial)

As of review date _____, employee has satisfactorily met the above performance issues: Yes____ No ____
If no, plan for follow-up:

_____

_____ _____

Employee Date (review) Supervisor Date (review)