# PERFORMANCE IMPROVEMENT PLAN

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Factor</td>
<td>(list the general factor category which needs improvement)</td>
</tr>
</tbody>
</table>

**Performance Issue:** (describe in detail the performance issue, citing examples)

**Specific Improvements:** (describe specific improvements needed)

**Action Plan:** (list in detail the steps needed to make these improvements)

**Follow-Up Review Date:**

<table>
<thead>
<tr>
<th>Employee’s Signature*</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor’s Signature*</td>
<td>Date:</td>
</tr>
</tbody>
</table>

*Signature indicates the Performance Improvement Plan has been reviewed with employee.
PERFORMANCE IMPROVEMENT PLAN
FOLLOW-UP REVIEW

General Factor

☐ Employee has achieved the required improvement(s) as described on the Performance Improvement Plan, no further action is necessary.

☐ Employee has made some progress as described on the Performance Improvement Plan, but improvement(s) are still needed. Additional follow-up review is necessary.

Performance Issue: (describe in detail the performance issue, citing examples)

Next Follow-Up Review Date: ________________

☐ Employee has made no improvement(s) as described on the Performance Improvement Plan, further action is necessary. This section should be reviewed with the Human Resources Office prior to completing.

Specific Improvements: (describe specific improvements needed)

Next Follow-Up Review Date: ________________

Comments:

Employee’s Signature* ____________________________ Date: ____________________________

*Signature indicates the Performance Improvement Plan has been review with employee.

Supervisor’s Signature* ____________________________ Date: ____________________________