**PERFORMANCE IMPROVEMENT PLAN**

**ACTION PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |   | **ROLE / TITLE** |  | **EMPLOYEE ID** |   |
| **SUPERVISOR** |   | **DEPARTMENT** |   | **DATE** |   |

##

## **AREAS OF CONCERN**

In what areas has the employee not met expectations?

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# Previously addressed issues

Provide details of any previously addressed issues, the context, and the outcome of discussions or training.

## **OBSERVATIONS**

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## **PREVIOUS DISCUSSIONS**

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## **ADDITIONAL TRAINING**

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# IMPROVEMENT GOALS

Provide specific goals as they relate to areas of concern to be addressed and improved upon.

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| --- | --- | --- |
| **GOAL #** | **GOAL DESCRIPTION** | **ISSUE ADDRESSED BY MEETING GOAL** |
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# EXPECTATIONS

To demonstrate progress toward improvement goal achievement, the following performance standard expectations must be met.

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| **EXPECTATION DESCRIPTION** |
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# GOAL ACTIVITIES

List activities that will aid to achieve the improvement goals set above.

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| --- | --- | --- | --- |
| **GOAL #** | **ACTIVITY** | **START DATE** | **PROJECTED DATE OF COMPLETION** |
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# RESOURCES

List resources available to complete goal activities; for example, training materials, training activities, seminars, peer mentoring, management support, etc.

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| --- | --- |
| **RESOURCE NAME** | **DESCRIPTION OF RESOURCE** |
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# PROGRESS MONITORING

Provide an evaluation schedule to monitor progress of improvement activities.

## **FOLLOW-UP SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE SCHEDULED** | **ACTIVITY** | **CONDUCTED BY** | **DATE COMPLETED** |
|  | 30-Day Review |  |  |
|  | 45-Day Review |  |  |
|  | 60-Day Review |  |  |
|  | 90-Day Review |  |  |

## **PROGRESS BENCHMARKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GOAL #** | **ACTIVITY** | **DATE OF CHECK** | **FOLLOW-UP METHOD**phone, email, mtg. | **EXPECTED PROGRESS** | **COMMENTS** |
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## **TIMELINE FOR IMPROVEMENT, CONSEQUENCES, AND EXPECTATIONS**

Provide a summary of any stipulations placed upon the performance improvement plan, consequences of insufficient effort, and any legal concerns, such as confidentiality as related to this document.

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# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

| SUPERVISOR NAME | SUPERVISOR SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

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