



# Performance Improvement Plan

Employee Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Department: \_\_\_\_\_

**Standard(s) of Performance Elements Reviewed:** (check all that apply):

Job Knowledge

Customer Service

Teamwork

Accountability / Quality Work

Communications

Proactivity/Initiative

Flexibility / Embraces Change

**Agreed upon by:**

Employee (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Manager (signature): \_\_\_\_\_

Date: \_\_\_\_\_

**Manager consultation with Human Resources, Employee Relations**

Date: \_\_\_\_\_

## Issues and Expectations

Issues	Desired Outcomes	Desired Actions	Evaluation Date and Initials	Evaluation Outcomes