



PERFORMANCE IMPROVEMENT FORM

Employee Name: _____

Department: _____

Job Title: _____

Reviewer: _____

Performance Improvement

This form is completed for any employee whose overall evaluation rating is “needs improvement” or “unsatisfactory.” Indicate the key accountability or success factor in need of improvement, the performance expectations, and the projected time frame involved. Performance improvement is meant to address any differences in supervisory expectations and employee performance. If satisfactory performance does not result within the projected time frame, supervisors are encouraged to use the performance improvement process. Contact Human Resources for assistance in these cases.

Improvement Area	Expected Results	Time Frame	Support Actions

Indicate review date of performance improvement progress: **Review Date:** _____

Document progress and results of performance improvement after this agreed-upon review date.

Please initial below to indicate review of the Performance Improvement Plan.

_____ Employee initials _____ Date

_____ Supervisor initials _____ Date