



STAFF PERFORMANCE IMPROVEMENT PLAN

Name: _____ Employee ID: _____

Department: _____ Classification Title: _____

Improvement Period: From _____ To _____

Clearly identify the performance deficiency and/or poor work habit(s):

The supervisor and the employee must decide on a course of action to be followed to correct the deficiency:

Identify training programs that will aid the employee to achieve performance goal:

Set timelines that will be used to measure the results:

Describe how results will be measured:

-A Performance Appraisal Form must be completed at the end of the specified period.-

Performance Improvement Plan was discussed with me and I have received a copy.

Employee's Signature: _____ Date: _____

Supervisor's Name: _____ PLEASE PRINT

Supervisor's Signature: _____ Date: _____

**Please deliver form to the Division of Human Resources, Employee and Labor Relations Department, PC 236.*