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| Performance Improvement Plan |

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| Employee Name: | |  | Employee ID No.: | |  |
| Supervisor: |  | | | Date: |  |

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| **Reason for Improvement Plan:** |

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| **Previous Disciplinary Actions:**  Date:  Date:  Date: |

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| **Steps for Improvement:** |

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| **Required Result:** |

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| Improvement Plan in Effect for: |  | 1 month |  | 2 months |  | 3 months |  | 6 months |

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| Evaluations Every: |  | week |  | 2 weeks |  | month |  | 2 months |

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| Supervisor/Monitor/Mentor: |  |

I, the undersigned employee, agree that the above information is true. I am fully aware of the problem at hand and understand that I am required to show progress over the agreed-upon amount of time, with the arrangement that I will achieve the aforementioned results by the end of the improvement period. If I am unwilling or unable to improve my behavior in the amount of time provided, I will be subject to disciplinary action up to and including termination.

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| Employee Signature |  | Date |