**Employee Name:**

**Employee Classification & Title:**

**Purpose:** Your performance is currently below competent and effective and does not meet the primary objectives for this position. The key areas that need improvement are listed below. This performance improvement plan has been established to provide you with a tool to focus on areas that need improvement. Improvement is necessary in order to successfully meet the requirements of this position. This performance improvement plan provides up to three rating periods with formal review at the end of each rating period. The duration of the performance improvement plan may be extended as necessary.

|  | **PERFORMANCE PERIOD** |  |
| --- | --- | --- |
| **PERFORMANCE NEEDING IMPROVEMENT** | **Period 1** **Start Date:****End Date:**  | **Period 2** **Start Date:****End Date:** | **Period 3** **Start Date:****End Date:** | **SUPERVISOR COMMENTS** |
| 1. **Performance Improvement Area/Issue**:

**GOAL:** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Period 1:** |
| **Period 2:** |
| **Period 3:** |
| 1. **Performance Improvement Area/Issue**:

**GOAL:** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Period 1:** |
| **Period 2:** |
| **Period 3:** |
| 1. **Performance Improvement Area/Issue**:

**GOAL:**  | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Period 1:** |
| **Period 2:** |
| **Period 3:** |
| 1. **Performance Improvement Area/Issue**:

**GOAL:** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Met Goal?****🞎 Yes****🞎 No** | **Period 1:** |
| **Period 2:** |
| **Period 3:** |

A. Reviewer Signature – Prior to Implementation

|  |  |  |
| --- | --- | --- |
| 1. REVIEWER JOB CLASS/TITLE & SIGNATURE:Name:      Job Class/Title:      Signature: Date:       | 2. SUPERVISOR JOB CLASS/TITLE & SIGNATURE:Name:      Job Class/Title:      Signature: Date:       | 3. EMPLOYEE JOB CLASS/TITLE & SIGNATURE:Name:      Job Class/Title:      Signature: Date:  |

B. Performance Plan Meeting Sign-Off – End of Period 1

|  |
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| 1. SUPERVISOR SUMMARY STATEMENT:  |
| 2 SUPERVISOR SIGNATURE: | 3. SUPERVISOR JOB CLASS & TITLE:  | 4. MEETING DATE**:** |
| 5. EMPLOYEE SIGNATURE: | * I AGREE WITH THIS REPORT
* I DO NOT AGREE WITH THIS REPORT
* I HAVE ATTACHED A REBUTTAL
* DECLINED TO SIGN SUPERVISOR - INITIAL \_\_\_\_\_\_\_\_\_
 | 6. DATESIGNED: |

C. Performance Plan Meeting Sign-Off – End of Period 2

|  |
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| 1. SUPERVISOR SUMMARY STATEMENT:  |
| 2 SUPERVISOR SIGNATURE: | 3. SUPERVISOR JOB CLASS & TITLE:  | 4. MEETING DATE**:** |
| 5. EMPLOYEE SIGNATURE: | * I AGREE WITH THIS REPORT
* I DO NOT AGREE WITH THIS REPORT
* I HAVE ATTACHED A REBUTTAL
* DECLINED TO SIGN SUPERVISOR - INITIAL \_\_\_\_\_\_\_\_\_
 | 6. DATESIGNED: |

D. Performance Plan Meeting Sign-Off – End of Period 3

|  |
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| 1. SUPERVISOR SUMMARY STATEMENT:  |
| 2 SUPERVISOR SIGNATURE: | 3. SUPERVISOR JOB CLASS & TITLE:  | 4. MEETING DATE**:** |
| 5. EMPLOYEE SIGNATURE: | * I AGREE WITH THIS REPORT
* I DO NOT AGREE WITH THIS REPORT
* I HAVE ATTACHED A REBUTTAL
* DECLINED TO SIGN SUPERVISOR - INITIAL \_\_\_\_\_\_\_\_\_
 | 6. DATESIGNED: |
| 7. REPORTING SUPERVISOR/MANAGER SIGNATURE:  | 8. REPORTING SUPERVISOR JOB CLASS & TITLE: | 9. DATE SIGNED: |