

# PERFORMANCE IMPROVEMENT PLAN

Employee Name		Date	
Job Title		Department/ Position	
Manager Name		Hire Date	
Area of Concern (Describe Area of Concern)			
Goal of the Plan (Overall aim of the plan)			
Plan Start Date		Plan End Date	

	ACTION	OBJECTIVE	MEASUREMENT
1			
2			
3			

Follow up Comments:

Employee Signature

Manager Signature

Date