



PERSONNEL MATTERS

PERFORMANCE IMPROVEMENT PLAN FORM

Name:	HIRE Date:	Position/Location:	Supervisor:
Counseling for:			DATE of Counseling:
<p>Supervisor: Complete this section after consult with HR.</p> <p>1. State performance requirements and measures of performance, or policy or practice violated by employee. Describe performance or violation, include dates, times and circumstances as appropriate. If this is a recurrence of a similar pattern during the past year, also describe the previous situation.</p> <p>2. Describe performance level or behavior desired; set conditions, including time limits, if appropriate.</p> <p>3. State consequences of continuance of this performance or repetition of this violation. If job threat included, Department Director signature required.</p> <p><i>Give copy to the employee for review, discussion and comments in Employee Section. Obtain signatures, date and forward to HR.</i></p>			
<p>Situation – Area(s) requiring improvement/attention/change:</p> 			
<p>History – Training/previous discussions:</p> 			
<p>Corrective Action(s) expected & Support to be provided:</p> 			
<p>Effect of Unsatisfactory Improvement and review date, if applicable:</p> 			
<p>Employee Comments: <i>(Attach additional sheets, if needed.)</i></p> 			
Employee Signature	Supervisor	Director (if job threat)	HR

(If more space is needed, continue on another copy of this form and attach.)

Distribution: Employee / Supervisor / Personnel File (HR)