



Performance Improvement Plan Sample

Employee:	Supervisor:
Date:	Next Evaluation:

Area(s) Needing Improvement	Plan of Action	Date to Complete Plan

Comments:

Employee Signature*: _____ Date: _____

* Your signature indicated that this plan has been reviewed, that you understand the seriousness of it, and that failing to timely meet these goals/objectives may result in termination of employment. You also understand that this Performance Improvement Plan is not a contract, and does not alter your status as an employee at will.



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