Performance Improvement Plan

**Sample**

|  |  |
| --- | --- |
| Employee: | Supervisor: |
| Date: | Next Evaluation: |

|  |  |  |
| --- | --- | --- |
| **Area(s) Needing Improvement** | **Plan of Action** | **Date to Complete Plan** |
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**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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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.