

# Individual Performance Improvement Plan

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_

Date Plan Initiated: \_\_\_\_\_

Review Date: \_\_\_\_\_

## 1. Performance Concerns

Description of Performance Issue(s)

## 2. Expected Performance

Expected Standard/Goal	How to Achieve

## 3. Support & Resources

Support/Resources Provided	Responsible Party

## 4. Timeline

Milestone/Action	Due Date

## 5. Consequences of Non-Improvement

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## 6. Acknowledgement

\_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date

Manager/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_