

Example Work Improvement Plan
(red areas indicate areas to be completed by supervisor)

To: Name
From: Supervisor Name
CC: Division Director
Human Resources
Date: Date
Re: Performance Improvement Plan

This is official notification that your overall performance is at an unacceptable level. This notification will be effective immediately and will remain in place for the next 60 calendar days at which time your performance will be reevaluated.

The performance deficiencies which have initiated this action are as follows:

- (identify **SPECIFIC** performance items that have occurred, such as habitual absenteeism, insubordination, failure to follow operating procedures, etc.);

Throughout your employment with the department name, we have discussed the areas that need improvement on several occasions (cite dates of discussions and documents). These performance deficiencies are serious and need your immediate attention. Your performance must improve in the following ways over the next 60 days:

- (identify **SPECIFIC** goals that must be achieved in the review period related to the items identified as needing improvement);

We will meet each (specify which day of the week) at (specify time) for the next 60 days to assess your progress towards meeting the expectations of your position. Your overall performance will be evaluated again in 60 days. At that time, your performance must be at an acceptable level. If it is not, I will make a recommendation for disciplinary action, which may include your dismissal.

(First Name), I appreciate the positive contributions you have made to our department. I am confident that over the next 60 days you will be able to bring your performance to an acceptable standard and continue to be a valued member of our team. I recognize that this may be a difficult time for you and the Employee Assistance Program is available for support at 800-633-3353. You are encouraged to utilize this program as a tool to achieve what is being required of you if you feel it would be of assistance.

I acknowledge that I have read and understand what is expected of me.

Employee _____ Date _____

Supervisor _____ Date _____