

Performance Improvement Plan

Employee Name:	Manager:
Department:	Division/Location:
Date of Discussion:	

Reason for Discussion:

Details, background, & impact of performance gap:

What is the root cause of the performance challenge?

Solution to remedy the performance gap (including specifics such as completion dates):

Follow up expectations & dates:

Failure to correct the problem may result in further disciplinary action up to and including termination.

Employee Signature *Date*

Manager Signature *Date*

Witness Name (optional)

Witness Signature *Date*

Employee Comments:
