

# PERFORMANCE IMPROVEMENT PLAN

(To be completed only if the assessment includes a rating of "Needs Improvement")

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Employee's Name \_\_\_\_\_ Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Unit \_\_\_\_\_

Review Period: \_\_\_\_\_ Today's Date \_\_\_\_\_

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List any of the employee's job responsibilities that need improvement and describe the specific improvement required to meet performance expectations. Attach this completed form to the employee's Performance Assessment form.

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PRIORITY      Job Responsibility:

*Improvement Required:*

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PRIORITY      Job Responsibility:

*Improvement Required:*

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PRIORITY      Job Responsibility:

Improvement Required: