* 

 **PERFORMANCE IMPROVEMENT PLAN**

**Employee Name: Date:**

 **Position Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Areas needing improvement:**

**Corrective action required, resources, and timeline**

|  |  |  |  |
| --- | --- | --- | --- |
| *Current Action* | *Current Impact* | *Corrective Action* | *Outcome* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employee Comments:** *(optional, at employee’s discretion)*

|  |
| --- |
|  |
|  |
|  |
|  |

I have received this Employee Warning Notice and understand that failure to improve may result in further disciplinary action up to and including termination.

Signature of Employee Date

Signature of Supervisor Who Issued Warning Date