



FURMAN

Individual Performance Improvement Plan

Name:

Division:

Department:

Position Title:

Employee ID No.

Supervisor's Name:

Exempt (Monthly)

Non-Exempt (Hourly)

Supervisory Responsibilities:

Yes

No

For any staff member whose overall performance is rated unacceptable on the Performance Evaluation Form or at any time during the evaluation period, the supervisor should complete this form to address the performance area deficiency referenced on the Performance Evaluation Form. Supervisors shall list the identified deficiency and define an action plan in order for the staff member to fulfill expectations of the respective competency and move to **Accomplished Performance** in a specified period of time.

Performance Deficiency	
Improvements Required	
Priority and Consequences	
Action Plan	
Measurement Standards	
Completion Date	

Staff Member Comments:

Supervisor and Staff Member Signatures

Staff Member: _____ Date: _____

Supervisor: _____ Date: _____