



Performance Improvement Plan

Department:

Date:

Employee:

Department:

Supervisor:

Specific Nature of Performance Problem:

Reasons Why this Conduct is Unacceptable

(Cite Union Contracts or Personnel Policy excerpts demonstrating violations)

Specific Areas of Improvement:

Directives and Standards:

Assistance: If there is anything you need to be able to comply with this Performance Improvement Plan you are encouraged to request it. It is assumed that by signing this document below you indicate you understand the above stated directives.

Background and Additional Information:

Notes: Failure to meet the standards cited herein, or to comply with the above directives will be considered failure to perform your essential job function(s) and/or insubordination. Failure(s) to comply with this Performance Improvement Plan may result in discipline, suspension, demotion or discharge.

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Union Representative Signature: _____

Date: _____