

Job Performance Factor for Improvement	Changes Needed	Specific Steps to Improve Performance	Scheduled Progress Reviews (i.e., daily, weekly, monthly)	Timeline to Achieve Meets Expectations (ME) Rating

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Our signatures verify that the employee and evaluator/supervisor(s) met in person to discuss and review this Performance Improvement Plan.

Employee Signature: _____

Date: _____

Evaluator

Name: _____ Signature: _____ Date: _____

2nd Level Supervisor

Name: _____ Signature: _____ Date: _____

Disposition and Distribution of this form:

- (1) A copy is given to the employee by the employing department at the time the form is signed.
- (2) A copy is retained by the employing department.
- (3) The original is submitted by the employing department to Labor and Employee Relations.
Attach the employee's completed performance evaluation which this form references.