**Staff Performance Improvement Plan**



This form is used to plan specific steps for improving staff performance that does not meet established standards and expectations in one or more significant position requirements. It may be used during the performance review period when prior discussion(s) of the need to achieve a specific level of performance or skill has not resulted in acceptable and sustained performance. It may also be implemented when a staff member receives and overall rating of “Needs Improvement” or “Fails to Meet Expectations” on the annual performance evaluation. Once the plan is established, the supervisor will provide on-going and constructive feedback regarding performance. Failure to achieve and sustain required improvement may lead to formal disciplinary action up to dismissal.

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| --- | --- |
| Staff Member: | Title: |
| Supervisor: | Date: |

**PLAN FOR IMPROVEMENT**:

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| --- | --- |
| **Position Responsibility/Skill/Behavior:**  Describe the performance, skill, or behavior that must be improved to meet established expectations. Be specific and cite examples where appropriate. |  |
| **Required Results:** Explain, specifically, the required performance that must be demonstrated consistently, e.g., quality, quantity, cost, deadlines, demonstrated behavior, etc. |  |
| **Actions to be Taken to Achieve to Meet Standards/Expectations:** List specific actions that the staff member will take to correct performance as well as the support/resources the supervisor will provide. |  |
| **Timeframe for Improvement:** Specify date for improvement to be made. |  |
| **Prior Disciplinary/Corrective Actions** |  |

Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elected Official, Department Head, or Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOLLOW UP REVIEW:**

A follow-up review should be conducted and documented during a period of 30-90 days once the plan has been established. Initial review and documentation may take place sooner than 30 days and the duration of the plan may vary, depending upon the situation and the nature of improvement required. Failure to achieve and maintain improvement may lead to disciplinary action, up to and including termination at any time. Disciplinary action, up to and including termination, may occur prior to the final date for improvement.

Expected dates of follow-up discussion:

**PERFORMANCE IMPROVEMENT STATUS (30 days): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_ Required improvement has been made

\_\_\_\_\_\_\_ Required improvement has not been made (Explain below)

Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERFORMANCE IMPROVEMENT STATUS (60 days): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_ Required improvement has been made

\_\_\_\_\_\_\_ Required improvement has not been made (Explain below)

Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERFORMANCE IMPROVEMENT STATUS (90 days): Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_ Required improvement has been made

\_\_\_\_\_\_\_ Required improvement has not been made (Explain below)

Supervisor’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee’s comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elected Official, Department Head, or Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_