

Employee: \_\_\_\_\_ Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### 2020 PERFORMANCE IMPROVEMENT PLAN

	SPECIFIC AREAS FOR IMPROVEMENT	WHAT NEEDS TO BE DONE TO IMPROVE
1		
2		
3		

Staff Member's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member's Signature:\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Your signature only indicates that you have read this evaluation and it has been discussed with you by your supervisor. It does not indicate agreement nor disagreement with the evaluation.