**Performance Improvement Plan**

**Employee Name:**   **TPF:**

**Current Position:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. ***Areas of Concern*** | 1. ***Performance Standards*** | 1. ***Method of Assessment*** | 1. ***Training and development to be provided*** | 1. ***Overall timeframe and schedule of regular review meetings.*** |
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|  |  |  |  |  |

Employee’s Name: ……………………………………………….

Signature:…………………………………………………………..

Date: ………………………………………………………………….

Supervisor’s Name: ……………………………………………….

Signature:…………………………………………………………..

Date: ………………………………………………………………….