



## Personal Improvement Plan

Employee Name:	Employee ID:	Supervisor Name:	Date:
<b>1. Areas of Concern Needing Significant Improvement</b> <i>(include Policy violated if applicable)</i>	<b>2. Performance Expectations and Correction Action Needed to be Taken</b>	<b>3. Supervisor Recommendations</b>	<b>4. Notes on Improvement</b>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Witness