

# Performance Improvement Plan

Format No.:

Employee Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_ Improvement Plan Start Date: \_\_\_\_\_

To be Note of Performance / Behavior changes Details

Changes Area measurable? Please specify

Expected Changes to be made by employee?

How? Changes made? Are there learning activities / supervisor assistance taken?

Note for additional discussion

Please Specify to interaction with employee has satisfied with above points?

YES / NO

Supervisors / Leaders remarks / Comments:

Employee Comments / Explanation / Remarks

Employee Signature :

Supervisor Signature: