**Performance Improvement Worksheet**

Employee Name: **Click here to enter text.** Department: **Click here to enter text.**

Position: **Click here to enter text.**

Management Concern:

 Click here to enter text.

Employee’s Goal (should address management concern & time frames):

 Click here to enter text.

Plan of Action (steps employee will take to meet goal):

Click here to enter text.

Management’s Expected Outcome:

Click here to enter text.

Follow up meeting date:

Click here to enter text.

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Supervisor Signature Date Employee Signature Date