**PERFORMANCE IMPROVEMENT PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **ROLE / TITLE** |  | **STORE #** |  |
| **SUPERVISOR** |  | **DATE** |  |

##

## **AREAS OF CONCERN**

In what areas has the employee not met expectations?

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| --- |
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# Previously addressed issues

Provide details of any previously addressed issues, the context, and the outcome of discussions or training.

## **OBSERVATIONS**

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## **PREVIOUS DISCUSSIONS**

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## **ADDITIONAL TRAINING**

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# IMPROVEMENT GOALS

Provide specific goals as they relate to areas of concern to be addressed and improved upon.

|  |  |  |
| --- | --- | --- |
| **GOAL #** | **GOAL DESCRIPTION** | **ISSUE ADDRESSED BY MEETING GOAL** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |
|  |  |  |

# EXPECTATIONS

To demonstrate progress toward improvement goal achievement, the following performance standard expectations must be met.

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| **EXPECTATION DESCRIPTION** |
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# PROGRESS MONITORING

Provide an evaluation schedule to monitor progress of improvement activities.

## **FOLLOW-UP SCHEDULE**

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| --- | --- | --- | --- |
| **DATE SCHEDULED** | **ACTIVITY** | **CONDUCTED BY** | **DATE COMPLETED** |
|  | 30-Day Review |  |  |
|  | 45-Day Review |  |  |
|  | 60-Day Review |  |  |
|  | 90-Day Review |  |  |

## **TIMELINE FOR IMPROVEMENT, CONSEQUENCES, AND EXPECTATIONS**

Provide a summary of any stipulations placed upon the performance improvement plan, consequences of insufficient effort, and any legal concerns, such as confidentiality as related to this document.

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# SIGNATURES

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |

| SUPERVISOR NAME | SUPERVISOR SIGNATURE | DATE |
| --- | --- | --- |
|  |  |  |
|  |  |  |