

Performance Improvement Plan

Name:	Job Title:	Date:
Supervisor:	Team/Department:	
Performance Expectations	How it will be ac	By when will it be achieved
		·
Meeting Dates	Notes on Pr	ogress
<u>Signatures</u>		<u>Date</u>
Employee:		
Supervisor:		

Original: Employment File Copy: Supervisor/Manager

Copy: Employee

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