Employee Performance

Improvement Success Plan

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| **Employee Name:** | **Title:** |
| **Department:** | **Supervisor Name:** |

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| **Overview** |

This plan is being implemented because your performance has fallen below the established standards for success. Specifically, the following areas have been identified, and disciplinary actions including coaching, oral warnings, and written notices have been documented:

* Performance Area #1:
* Performance Area #2:
* Performance Area #3:

On (date), you received written feedback stating that if your performance did not improve within 30 days, a success plan would be put in place. You have not demonstrated successful and sustained improvement.

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| **Next Steps** |

We are committed to supporting your success, as such, we have created this plan to clearly outline expectations and provide structured support to help you succeed.

Performance Expectations:

* Performance Area #1: [Expectation]
* Performance Area #2: [Expectation]
* Performance Area #3: [Expectation]

Plan Duration:

30 Days (Weekly Check-ins)  
 60 Days (Bi-Weekly Check-ins)  
 90 Days (Bi-Weekly Check-ins)

This plan is not exhaustive but highlights key areas requiring improvement. You are still expected to fulfill all other core responsibilities/objectives outlined in your employee performance plan document.

Employee signature Date

Supervisor signature Date

**NOTE:** Signatures indicate acknowledgment that the conversation occurred and receipt of the form.

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| **Check-in #1** | **Date of Check-in** |
| **Summary of feedback:** | | |

Employee signature Date

Supervisor signature Date

**NOTE:** Signatures indicate acknowledgment that the conversation occurred and receipt of the form.

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| **Check-in #2** | **Date of Check-in** |
| **Summary of feedback:** | |

Employee signature Date

Supervisor signature Date

**NOTE:** Signatures indicate acknowledgment that the conversation occurred and receipt of the form.

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| **Check-in #3** | **Date of Check-in** |
| **Summary of feedback:** | |

Employee signature Date

Supervisor signature Date

**NOTE:** Signatures indicate acknowledgment that the conversation occurred and receipt of the form.

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| **Check-in #4** | **Date of Check-in** |
| **Summary of feedback:** | |

Employee signature Date

Supervisor signature Date

**NOTE:** Signatures indicate acknowledgment that the conversation occurred and receipt of the form.

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| **Employee Performance Improvement Success Plan Outcome** |

Successful Performance Improvement

Unsuccessful Performance Improvement