



GETTING BACK TO THE DREAM

EMPLOYEE PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID#: _____

Employee Title: _____ Department: _____

Manager: _____ Date of Notice: _____

AREAS OF OPPORTUNITY: This section should provide details on the day-to-day job tasks that need development.

PERFORMANCE GOALS: This section should clearly outline the expected goal(s), including time or dates to reach goal(s) and the plan(s) for reaching goal(s). The goal(s) should be specific.

By signing this form, you confirm that this information has been reviewed with you and that changes in your performance are expected immediately. This form will be reviewed with you within 30 days.

Employee Signature

Date

Manager Signature

Date