

POLICY AND PROCEDURE MEMO

SUBJECT:

PERFORMANCE IMPROVEMENT PLAN WORKSHEET

NO.

2.021 (Attachment)

DATE: 2/10/2020

Bla un Cox CITY MANAGER

Employee name:
Department & Supervisor:
Appraisal period: From To:
PERFORMANCE FACTOR List specific performance factor that received NI or U.
<u>PERFORMANCE CONCERN</u> detail comments and specific examples (with dates) of where the standards have not been met.
EXPECTED STANDARD OF PERFORMANCE detail what is expected of the employee in terms of their performance.
AGREED IMPROVEMENT ACTIONS detail what actions need to be taken to meet expected standard of performance.
<u>SUPPORT</u> detail what has been agreed in terms of support required to achieve the expected standard of performance.
REVIEW DATE
REVIEW NOTES detail improvement made and any future review dates.
DATE TO ACHIEVE EXPECTED STANDARD
This action plan has been agreed to on(date) by:
Supervisor Employee