APPENDIX A

TO: Employee FROM: Supervisor

CC: Human Resources DATE: (Date)

SUBJECT: PERFORMANCE IMPROVEMENT PLAN

Effective (date) you are being placed on a (number) (##) day Performance Improvement Plan. We have had several discussions (copies attached) in the past concerning performance areas that you need to improve. In general, the (list specifics here) needs immediate, consistent and sustained improvement. Specifically, the following must occur:

List tasks or objectives here. Be sure to include level of acceptable performance, due dates and other details.

We are taking the step of performance improvement plan because of your failure to complete the responsibilities of this position on a consistent basis and in an accurate manner. Please be aware that, if you do not demonstrate immediate and continuous improvement in your performance within the next (number) (##) days, additional action may be taken, up to and including termination.

We will meet on a (insert time frame) basis to review your progress. At these meetings, you should be prepared to discuss the specifics of your progress and any roadblocks that affect completing the tasks or achieving the objectives outlined above.

Our hope is that through successful completion of the activities stated above your performance improves and we remove you from a performance plan. It is therefore important to note that you should maintain a positive approach to your employment throughout this performance improvement plan period.

Employee Acknowledgement:

I understand the specific actions required of me throughout the Performance Improvement Plan, I also understand that if improvement is not evident during the duration of the program, additional actions, up to and including termination, may occur.

Your signature below acknowledges receipt of this document. Your Human Resources Services Manager will meet with you to further discuss this plan.

Employee's Signature Date

Supervisor's Signature Date