**Performance Improvement Plan**

Name – Agency

Date

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| **Job Function****Identify the job function requiring performance improvement** | **Problem Description****Provide specific observations of unsatisfactory performance**  | **Action Plan****Describe what actions must be taken to achieve success** | **Deadline****Identify the date by which the improvement much be achieved** | **Updates/Notes****Document any notable****changes to this area** |
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*My performance improvement plan has been discussed with me in detail. I have had the opportunity to discuss my plan with my supervisor(s) and I understand the requirements set forth. I understand that failure to adhere to and comply with this plan may result in disciplinary action.*

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Employee Signature Date Supervisor Signature Date

Name Name