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| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Member: |  | Meeting Date: |  | Division: |  | Supervisor: |  |

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| Itemize criteria under review: (Define what is expected, how it should be accomplished, and in what timeframe.) |
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Agreed upon by: (Employee Signature) (Supervisor Signature)

Periodic Review Notes:

|  |  |  |
| --- | --- | --- |
| Date: | Comments: | Supervisor Initials |
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Check One: Performance Improvement Plan satisfactorily completed on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unsuccessfully completed. Future corrective action\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Failure to meet and sustain improved performance/conduct may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance/conduct plan.

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Reviewed and accepted by: Employee Signature Date

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Supervisor Signature Date Supervisor’s Supervisor Signature Date