

Performance Management Plan

Employee Information					
Employee Name: Employee ID: Supervisor:	Date: Job Title: Department: Disciplinary Level				
Coaching	Oral Warni	Oral Warning Official Written Warning/Reprimand		Probation	Dismissal
Reason for Discipline					
Policy/Procedure Other	e Violation	Unsatisfactory Work Performance	Behavior/0	Conduct Abser	teeism/Tardiness
		Details tory performance/conduct:			
Plan for Improveme	nt:				
Scheduled Follow-up Date (if applicable):					
		Acknowledgement of	Receipt		
By signing this form, you confirm that you understand the information in this plan. You also confirm that you and your manager have discussed the insatisfactory performance/conduct concern and a plan for improvement. If you do not agree with the information placed on the Performance Management Plan, you may submit a statement to your immediate supervisor to be attached to this form.					
Employee Signature				Date	
Supervisor Signature			<u> </u>	Date	