



630.907.5000 . 1500 SULLIVAN ROAD, AURORA, IL 60506-1000 . IMSA.EDU

Performance Improvement Plan

Employee: [Employee Name, Job Title]

Supervisor: [Supervisor Name, Job Title]

PLAN START DATE: [MM/DD/YYYY]

PLAN END DATE: [MM/DD/YYYY]

Performance Areas Requiring Improvement:

- [insert any relevant and specific facts related to the need for the discipline]

Specific Action Employee Must Take to Improve Performance:

- [insert any needed specific actions the employee must do moving forward]

By signing below, the employee agrees to adhere to the action items listed above. If at any point the employee fails to meet the actions listed above the employment status of the employee will be evaluated. An initial re-evaluation meeting will be scheduled on or before [insert plan end date]

SIGNATURES :

_____ Date: _____
[Employee Name; Job Title]

_____ Date: _____
[Supervisor Name; Job Title]

_____ Date: _____
[Cabinet Name; Job Title]