

**MIAMI COUNTY  
PERSONNEL POLICY MANUAL**

**PERFORMANCE IMPROVEMENT PLAN**

**FORM 6  
PAGE 1 OF 2**

**Performance Improvement Plan**

<b>Employee Name:</b>	<b>Job Title:</b>
<b>Department:</b>	<b>Date:</b>

**Performance in need of improvement** (*List the goals the employee will initiate to improve work performance, as well as an action plan for how the employee will achieve each goal. Include skill development and changes needed to meet work performance expectations*):

<b>Goals</b>	<b>Action Plan</b>
1.	
2.	
3.	

**Targeted Date for Improvement:**

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PAGE 2 OF 2**

**Expected results** (*List measurements, where possible*):

**Dates to review progress by the employee and supervisor:**

**Progress at review dates** (*Use additional sheets as necessary*):

- Employee has achieved the required improvement(s) described above.
- Employee has not achieved the required improvement(s) described above.

<b>Employee Signature:</b>	<b>Date:</b>
<b>Supervisor Signature:</b>	<b>Date:</b>