

EXEMPT PERFORMANCE IMPROVEMENT PLAN

TO BE COMPLETED BY SUPERVISOR & EMPLOYEE

Employee:	Job Title:	Department:
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Supervisor:	Date:
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Specific Performance Goal	
Measures of Success	
Action Plans	
Resources/Support	
Timing	

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COMMENTS:

Employee: _____ Date: _____ Signature: _____

Manager/Supervisor _____ Date: _____ Signature: _____