



Performance Improvement Plan

To: _____
Employee's Name

From: _____
Supervisor's Name

Date: _____

The purpose of this Performance Improvement Plan is to define serious areas of concern, gaps in your work performance, reiterate The Sisters of Charity of Nazareth's expectations, and allow you the opportunity to demonstrate improvement and commitment.

Areas of Concern:

Observations, Previous Discussions or Counseling:

Work Improvement Plan:

Date for follow up: _____

Employee's Signature

Date

Supervisor's Signature

Date