



Performance Improvement Plan

Name of Employee: _____ Department: _____

I. Type of Offense

- Tardiness
 Absenteeism
 Policy Violation
 Work Performance
 Other _____

If applicable, please list the New River CTC Policy(s) violated:

II. Details of Occurrence (Attached additional sheet if necessary) Date of Occurrence: _____

III. Previous Actions in the past 12 months

First Occurrence Date: _____ Action Taken: _____

Second Occurrence Date: _____ Action Taken: _____

Third Occurrence Date: _____ Action Taken: _____

IV. Corrective action to be taken:

- Counseling
 Written Warning
 Final Warning
 Termination

V. Expected Improvement: _____

VI. Consequences: Failure to improve and/or maintain expectations outlined above will result in further disciplinary action up to and including termination of employment.

VII. Employee Statement: _____

I acknowledge by my signature below that I have been given the opportunity to present my views and explanations. I understand that my signature is not an admission of the incident or offense, but serves as documentation that this information was presented to me. I also understand the corrective actions to be taken and consequences if my improvement is unsatisfactory or I receive further disciplinary actions.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Witness Signature: _____ Date: _____