

EXEMPT PERFORMANCE IMPROVEMENT PLAN



TO BE COMPLETED BY SUPERVISOR & EMPLOYEE

Employee:	Job Title:	Department:
Supervisor:	Date:	

Specific Performance Goal	
Measures of Success	
Action Plans	
Resources/Support	
Timing	
Specific Performance Goal	
Measures of Success	
Action Plans	
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Timing	
Specific Performance Goal	
Measures of Success	
Action Plans	
Resources/Support	
Timing	

COMMENTS:

Employee:	Date:	Signature:
Manager/Supervisor	Date:	Signature: