

State of Maryland Performance Planning and Evaluation Program Performance Improvement Plan

Employee Name:	Supervisor:
Agency:	Unit:

I. INTERIM PERFORMANCE REVIEW: Assign an overall performance rating for the employee's performance to date. Briefly summarize overall (positive and negative) performance.
Performance Rating:

II. AREAS OF CONCERN: What specific job functions, standards, and/or goals are not being met or may not be met at the end of the performance period? What specific behaviors or conduct need to change for performance to improve?

III. ACTION PLAN: How will those areas of concern be addressed? Detail the plans to improve performance (change in job function, supervision, coaching, counseling, and/or training).	
ACTION REQUIRED	TARGET DATE FOR COMPLETION

EMPLOYEE CERTIFICATION: I hereby certify that I have personally reviewed this report, and understand that my signature does not imply agreement or disagreement.

Employee's Signature (Date)

Date of Performance Improvement Plan Meeting:

SUPERVISOR CERTIFICATION: I hereby certify that this report constitutes my best judgement of the performance of this employee, and is based on personal observation and knowledge of his/her work.

Supervisor's Signature (Date)

Reviewer's Signature (Date)