

# 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: \_\_\_\_\_  
Summary:

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.

**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 their work.

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

Performance Improvement Plan Meeting  
Date: \_\_\_\_\_

\_\_\_\_\_  
Reviewer's Signature Date