



**Office of Human Resources**

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## Performance Improvement Plan

To: \_\_\_\_\_ Title: \_\_\_\_\_

From: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

The purpose of this Performance Improvement Plan is to define serious areas of concern, gaps in your work performance, reiterate our expectations, and allow you the opportunity to demonstrate improvement and commitment. Effective immediately, you are placed on a \_\_\_\_\_ day Performance Improvement Plan.

Areas of Concern Include:

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Observations, Previous Discussions:

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Improvement Goals: These are the goals related to areas of concerns to be improved and addressed immediately:

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**If issues noted above do not improve, further disciplinary action up to and including termination may occur.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_