

**GEAUGA COUNTY  
PERFORMANCE IMPROVEMENT PLAN  
(CORRECTIVE DISCIPLINE PROGRAM)**

This form documents a plan for required performance improvement because of a negative performance evaluation (49 points or lower). Refer to the *Classification and Compensation Plan* policy.

EMPLOYEE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

Below is information regarding specific area(s) where performance does not meet expectations and for actions for improvement. The employee's performance will be re-assessed at the end of the defined period though improvement is expected to be immediate and sustained.

|   |
|---|
| <b>Department Director must Develop a Performance Improvement Plan</b>  |
| In performance areas where the employee was "Below Target" or "Does Not Meet," require a specific plan to address the performance issue(s). |
| Determine the kind and amount of improvement that may be needed.  |
| Use a "problem-solving" approach. Ask the employee for their input.   |
| Establish individual expectations in accordance with work unit expectations.  |
| Identify specific improvement needs and strategies.   |
| Conduct the performance planning discussion or schedule a meeting to conduct it later.  |

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date Signed

I have read my Corrective Discipline Program and understand that if there is not an immediate improvement satisfactory to the Department Director, disciplinary action may be taken, up to and including discharge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

**FOLLOW-UP**

Review Period \_\_\_\_\_ Follow-up Date \_\_\_\_\_

**PROGRESS**

- ☐ Employee has achieved the required improvement described above and may be re-evaluated again at any point in the future in which performance begins to decline.
- ☐ Employee has not achieved the required improvement described above. The employee has problems in the areas described below:

**SUGGESTED ACTION**

- ☐ Extend improvement plan
- ☐ Discipline recommended

**Follow-up Review Signatures**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

**EXTENSION (IF APPROPRIATE)**

Problem area(s) and action(s) to be taken are listed below. Your performance will again be re-assessed at the end of the extension period.

Extension Review Signatures

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

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**FOLLOW-UP TO EXTENSION**

Extension Period \_\_\_\_\_ Follow-up Date \_\_\_\_\_

**PROGRESS**

Employee has achieved the required improvement described above.

Employee has not achieved the required improvement described above and disciplinary action will be recommended.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Department Director Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed