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| **Employee Name** |  | | **Role / Title** |  | | **Employee ID** |  | |
| **Supervisor** |  | | **Department** |  | | **Date** |  | |
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| **Area of Concern** | | | | | | | | |
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| **Previously Addressed Issues** | | | | | | | | |
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| **Improvement Goals and Activities** | | | | | | | | |
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| **Expected Results** | | | | | | | | |
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| **Timeline for Improvement** | | | | | | | | |
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|  | | Employee Name |  | |  | Employee Signature | |  |
|  | |  |  | |  |  | |  |
|  | | Supervisor Name |  | |  | Supervisor Signature | |  |



**Performance Improvement Plan**