

**MS STATE PERSONNEL BOARD
PERFORMANCE IMPROVEMENT PLAN**

SECTION 1. GENERAL INFORMATION

Performance Improvement Plan Period From: _____, 20____ to _____, 20____
(Period will be 90 days)

Employee's Name (Last, First, Middle Initial) Title

Position (PIN) Number: _____ Agency Name: _____

SECTION 2. DUTIES/PERFORMANCE STANDARDS

An explanation of Duties/Performance standards in which performance is below Meets Expectations, level 2.0.

Identify specific steps or action plans to correct demonstrated weaknesses with follow-up dates for periodic counseling and reassessment. Solicit employee's ideas for improvement, development, problem solving and alternatives.

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SECTION 3. ACKNOWLEDGEMENT OF PERFORMANCE IMPROVEMENT PLAN

Date: _____

Supervisor Signature: _____

Date: _____

Employee Signature: _____

Date: _____

First Level Reviewer: _____