

# Performance Improvement Plan

| PERFORMANCE IMPROVEMENT FOR:   |   |                      |                              |
|--|---|----------------------|------------------------------|
| Employee Name  |   | Position Title       |                              |
| Discussion Date  | Improvement Time Frame  | Improvement Deadline | Name and Title of Supervisor |
| <p>You are formally being placed on a performance improvement plan. The time frame you are being given to make these improvements is noted above. If, as of the Improvement Deadline date shown above, you have not made satisfactory improvements as discussed today, disciplinary action up to and including termination may occur. You must also perform all essential functions of your job at an acceptable level, in addition to the corrective behaviors described below. <b>By signing below, you acknowledge that you have received this notice.</b></p>        |   |                      |                              |
| <b>Employee Acknowledgement</b>  | Employee Signature: _____   |                      |                              |
| PERFORMANCE ISSUES   |   |                      |                              |
| <p><b>Attendance:</b> Arrives at job so as to be engaged and ready to work at scheduled start time. Follows schedule. Takes lunch and breaks according to departmental policy. Maintains balances in leave accruals. <i>Issues:</i></p> <p> <input type="checkbox"/> Tardiness – often late to work or late returning from lunch<br/> <input type="checkbox"/> Excessive absenteeism<br/> <input type="checkbox"/> Does not work scheduled hours<br/> <input type="checkbox"/> Other (describe)                 </p>   | <p><b>Attitude:</b> Cooperative, respectful of co-workers, managers, and public. Actively works at maintaining positive outlook, does not encourage discord or engage in gossip or other behaviors which lead to a negative work environment. <i>Issues:</i></p> <p> <input type="checkbox"/> Insubordination<br/> <input type="checkbox"/> Rude / hostile / uncooperative behavior<br/> <input type="checkbox"/> Gossip / spreading false information / dishonesty<br/> <input type="checkbox"/> Other (describe)                 </p>   |                      |                              |
| <p><b>Quality of Work:</b> Performs assigned tasks thoroughly. Has a clear understanding of how to utilize resources properly and realistically to accomplish tasks. <i>Issues:</i></p> <p> <input type="checkbox"/> Does not perform tasks thoroughly and/or efficiently<br/> <input type="checkbox"/> Makes the same mistakes repeatedly<br/> <input type="checkbox"/> Understands resources, but does not always use them<br/> <input type="checkbox"/> Does not correct problems he/she created<br/> <input type="checkbox"/> Other (describe)                 </p>  | <p><b>Productivity:</b> Amount of work done commensurate with the amount of time allotted. Makes progress toward departmental goals. Completes tasks in a reasonable amount of time, consistent with others performing the same functions (if applicable). <i>Issues:</i></p> <p> <input type="checkbox"/> Low production – not enough work being done<br/> <input type="checkbox"/> Repeats same tasks rather than progressing toward goals<br/> <input type="checkbox"/> Takes too much time to complete individual tasks<br/> <input type="checkbox"/> Other:                 </p> |                      |                              |
| <p><b>Teamwork:</b> Willingness to help others, to resolve problems quickly, and get along with co-workers; maintaining a positive, supportive work environment; promoting a “can do” attitude to achieving goals. <i>Issues:</i></p> <p> <input type="checkbox"/> Abrasive / hostile / argumentative toward co-workers<br/> <input type="checkbox"/> Unwilling to listen to suggestions and/or constructive criticism<br/> <input type="checkbox"/> Does not ‘pitch in’ when others need assistance<br/> <input type="checkbox"/> Other (describe)                 </p> | <p><b>Other:</b> Any behavior which is negatively impacting work performance and/or environment not described in another section of this form. <i>Describe issues:</i></p>  |                      |                              |
| <p><b>Specific Actions Required to Demonstrate Improvement:</b></p><br><br><br><br><br><br><br><br><br><br><p><i>Note: Bastrop County is an at-will employer. Nothing stated herein modifies this employment relationship, and does not constitute an employment contract or promise.</i></p>  |   |                      |                              |
| <p><b>Your performance will be reviewed with regard to the improvements described in this document at the following intervals:</b></p> <p> <input type="checkbox"/> weekly                    <input type="checkbox"/> every 2 weeks                    <input type="checkbox"/> monthly                    <input type="checkbox"/> other (describe) _____             </p>   |   |                      |                              |