

COMPANY NAME

WRITTEN PLAN MEMORANDUM

EMPLOYEE NAME _____ CURRENT DATE _____

IMMEDIATE SUPERVISOR _____

DATE OF DISCUSSION _____ TIME _____

REASON FOR WRITTEN PLAN _____

IMPROVEMENT PLAN _____

IMPROVEMENT EXPECTED _____

DATE IMPROVEMENT EXPECTED _____

SUPERVISOR WILL ASSIST EMPLOYEE IN MEETING EXPECTATIONS IN THE FOLLOWING MANNER: _____

FURTHER ACTION TO BE TAKEN AT END OF IMPROVEMENT PERIOD IF PERFORMANCE DOES NOT IMPROVE: (To be completed by supervisor.) _____

EMPLOYEE'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____

ORIGINAL: Personnel File AUTHORIZED SIGNATURE _____

COPIES: Employee & Signator

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