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Employee Improvement Program (EIP) Sheet

Employee Name: _____ Job Title: _____

Manager/Supervisor: _____ Date of Plan Implementation: _____

Review Date: _____

1. Performance/Behavior Issues Identified

Clearly outline the specific issues that need improvement. Be specific and provide examples where applicable.

1. _____
2. _____
3. _____

2. Expected Improvement

List the specific goals or standards the employee is expected to meet. Be clear and measurable where possible.

1. _____
2. _____
3. _____

3. Actions to be Taken

Outline the specific actions the employee will take to meet the expected improvement. Include any training, mentoring, or support that will be provided by the company.

1. _____
2. _____
3. _____

4. Timeline for Improvement

Provide a clear timeline with deadlines for when each goal or action should be completed.

Immediate Action (within 1 week): _____

Short-Term (within 1 month): _____

Mid-Term (within 3 months): _____

Long-Term (within 6 months): _____

5. Resources Provided

List the resources that will be made available to the employee to assist in their improvement.

1. _____
2. _____
3. _____

6. Consequences of Failure to Improve

Clearly state the potential consequences if the employee fails to meet the improvement goals within the specified timeframe.

1. _____
2. _____



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7. Employee Comments

Provide space for the employee to offer their feedback or express any concerns about the improvement plan.

8. Follow-Up Meetings

Schedule follow-up meetings to review progress. Include dates and times.

First Follow-Up Meeting: _____

Second Follow-Up Meeting: _____

Final Review Meeting: _____

Signatures

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

Note: This program is designed to help employees succeed in their roles by providing clear expectations and support. It is not a disciplinary action but a tool for improvement and development.