

**JOHN C. LINCOLN HOSPITAL & HEALTH CENTER
PERFORMANCE IMPROVEMENT PLAN**

Employee Name:	Facility	Department	Job Title
Previous Action:	Type	Reason	Date

Current Action: (please check one) Verbal Counseling Written Warning Final Written Warning
 Suspension – Date Termination (check reason below)
Termination Reason: Unexcused Absence/Tardiness Job Performance Conduct Other

- I. Describes the performance deficiency giving rise to the counseling (include specific dates, times and policies violated, etc.):

- II. Describe specific job performance expectations and areas for improvement:

- III. Describe the agreed upon action plan for improvement including date of follow-up to review progress, if applicable:

- IV. State the next step if job performance does not improve (warning, discharge, etc.):

- V. Department director/supervisor Comments:

Department Director/Supervisor Signature:	Date
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VI. Employee Comments:

I understand that all corrective action notices other than a verbal counseling will be placed in my personnel file. My signature below does not indicate agreement regarding the contents of the document; only that I have received a copy for my records.

Employee	Date	Witness	Date
Human Resources	Date	Reason	