

Performance Improvement Plan

Copies of this completed form should be distributed to the Fire Chief, the Board, and Human Resources.

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|--|---|
| Incident: | |
| Description of Performance/Incident | • |
| Measurable Improvement Goals | • |
| Training and/or Direction Recommended/Required (Specify) | • |
| Improvement Time Frame | • |
| Consequences: | |
| If performance does not improve by end of improvement period | • |
| Employee Input/Rebuttal: (Optional) | |
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| | |

I acknowledge the PIP

I disagree with the PIP

Date

Board Member

Board Member

Date