



PINAL COUNTY
PERFORMANCE IMPROVEMENT RECOMMENDATION

Employee / Position (Print): _____

Supervisor / Position (Print): _____

Date Served: _____

1. PROBLEM: (Specify problem areas, dates, time, witnesses, pertinent information.)

2. PROBLEM RESULTS IN: (Policy, waste, safety, moral, quality of service, attendance.)

3. CORRECTIVE EMPLOYEE ACTION: (Specify what the employee can do to improve.)

4. SUPERVISOR SUPPORT & RECOMMENDATIONS: (Specify what supervisor will do to help the employee improve.)

5. FOLLOW-UP ACTIVITY: (Specify a time deadline, at which time the initial problem and results of corrective action will be reviewed.)

I, the employee, have read this report.

Employee Signature

Supervisor's Signature

Date

Date

***Your signature on this report indicates that you have seen it and does not indicate agreement.*