

Counseling- Performance Improvement Plan



Webb County Civil Service

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____

Department Information

Department Name _____ Supervisor Name _____
Department Head Name _____ Title _____

Reason(s) for Counseling (Problems/Violations)

Expectations-Plan for Improvement and/or Training Needed

Additional Information

- Because the County values you as an employee, this Performance Improvement Plan was created to clarify expectations and help you with concrete solutions for achieving them.
- The timeline for improving your performance is on or before _____.
- Additional information about the Civil Service rules and regulations can be obtained from Human Resources.

By signing below, you are agreeing to work to the best of your ability to improve on the items listed above and to meet with your supervisor in an effort to provide feedback on your progress. Failure to improve on these deficiencies listed above or failure to improve them to an acceptable standard may result in further disciplinary action including suspension and/or termination.

Employee Signature

Date

Department Head/Supervisor Signature

Date

Witness Signature

Date