OFFICE SYMBOL Date

MEMORANDUM FOR NAME, Title, Pay Plan-Series-Grade, Organization, Location

SUBJECT: Performance Improvement Period

1. This is to inform you that your performance for the period of (Begin Date) through (End Date) is at the FAIR OR UNSUCCESSFUL level. Therefore, I am hereby bringing to your attention those performance deficiencies that, as discussed on several occasions, have a negative impact on our mission.

2. The determination that your performance is not at an acceptable level is supported by the attached RECORDS OF COUNSELING, PRODUCT OF WORK, COMPLAINTS, LAST APPRAISAL, ETC. The specific performance deficiencies are: (STATE THE SPECIFIC DEFICIENCIES)

 a.

 b.

 c.

3. For all the above, I am informing you that you are not performing at an acceptable level of performance.

 SPECIFY YOUR ATTEMPTS AND COUNSELINGS TO BRING THE STANDARD TO A SUCCESS LEVEL TO THIS DATE AND WHAT RESULTS HAVE THESE COUNSELING AND ASSISTANCE HAD ON THE EMPLOYEE’S PERFORMANCE AT THE MOMENT.

 In order to bring your performance up to the “success” level, you must:

 a.

 b.

 c.

 4. I will continue to review your performance (WEEKLY, BIWEEKLY, ETC.). I expect your performance to improve within the next (30. 45, 60, 120) days, after which I will reassess if your level of performance is meeting my expectations. Be advised, that given the negative impact your performance deficiencies have on the accomplishment of our mission, the continued deterioration of your performance may result in more severe performance based actions up to and including your removal from the NAFI service.

OFFICE SYMBOL

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5. As always, I am available to assist you in performing successfully in your position. While I do not wish to intrude on your personal life, if you have a personal problem that is contributing to your poor performance at work, you may use the counseling services available to you through the Employee Assistance Program at (contact number).

 Sincerely,

ENCLOSURES (SUPERVISOR’S SIGNATURE BLOCK)

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