



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

# WORK PERFORMANCE IMPROVEMENT PLAN (WPIP) COVER PAGE

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Last Name, First Name</b>	<b>Position No.</b>
<b>Department</b>	<b>Job Code Title</b>	<b>Job Code</b>

## Type of Action (Must attach supporting documentation)

Check applicable box:

Initial WPIP – Date of WPE: \_\_\_\_\_

30 day follow-up

60 day follow-up

90 day follow-up

120 day follow-up

Other: \_\_\_\_\_

<b>Supervisor Name (Print &amp; Sign)</b>	<b>Telephone</b>	<b>Date</b>
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This document/form incorporates use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

DISTRIBUTION: Original – EMACS-HR  
Copy – Department