

# INDIVIDUALIZED PERFORMANCE PLAN

HUMAN RESOURCES DIVISION/CHICAGO POLICE DEPARTMENT

UNIT NO.

DATE

BEHAVIORAL INTERVENTION SYSTEM

PERSONNEL CONCERNS PROGRAM

MEMBER'S NAME

LAST

FIRST

MI.

STAR NO.

EMPLOYEE NO.

RANK/TITLE

BRIEF STATEMENT OF PROBLEM BEHAVIOR

INDIVIDUAL PERFORMANCE PLAN (Describe actions to be taken to address performance/problem behavior.)

MEMBER'S RESPONSE

MEMBER'S NAME (PRINT)

MEMBER'S SIGNATURE

SUPERVISOR'S NAME (PRINT)

SUPERVISOR'S SIGNATURE

STATION SUPERVISOR/DESIGNATED UNIT SUPERVISOR'S SIGNATURE

DATE

EXEMPT COMMANDING OFFICER'S SIGNATURE

DATE