**Performance Improvement Plan (PIP)**

**Employee:**

**Supervisor:**

**Department:**

**Date:**

Please consider this an official notice that you are being placed on a Performance Improvement Plan.

The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, and gaps in your work performance, reiterate expectations, and allow you the opportunity to demonstrate improvement and commitment.

**Areas of Concern:**

**Observations, Previous Discussions, or Additional Training Provided:**

**Step 1 – Action Items/Steps and Timeline to Correct Performance:**

|  |  |
| --- | --- |
| **Activity** | **Timeline** |
|  |  |
|  |  |
|  |  |

**Step 2 - Resources:** Listed below are resources available to you to complete your Improvement activities (may include other people’s time or expertise, management support, training materials and activities, or time away from usual responsibilities.)

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**Step 3 - Expectations:** The following performance standards must be accomplished to demonstrate progress towards the achievement of each Improvement goal:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**Step 4 – Follow-up Dates:** The following schedule will be used to evaluate your progress in meeting your Improvement activities.

|  |  |  |
| --- | --- | --- |
| **Date Scheduled** | **Review Period**  (15 or 30-day Review) | **Conducted By** |
|  |  |  |
|  |  |  |

**Timeline for Improvement, Consequences & Expectations:**

Effective immediately, you are placed on a **30-day** PIP. During which you will be expected to make significant and substantial improvement as outlined above. Failure to address the behaviors or meet performance expectations may result in further disciplinary action, up to and including separation of employment.

The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with your supervisor.

**Signatures--**

Print Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_