

**Performance Improvement Plan (PIP)**

**Employee Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dept**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Standard(s) of Performance Reviewed:**(check all that apply):

|  |  |
| --- | --- |
| [ ] Productivity | [ ] Efficiency |
| [ ] Teamwork | [ ] Quality |
| [ ] Attendance | [ ] Conduct |
| [ ] Other (define): |

**Specific examples of current performance under review**:

**Improvement Plan** (what is expected, how it should be accomplished, and in what timeframe):

**Acknowledgment:**

Employee (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Periodic Review Notes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments** | **Employee Initials** | **Supervisor Initials** | **Date** |
| 1. |   |   |   |
| 2. |   |   |   |
| 3. |   |   |   |
| 4. |   |   |   |
| 5. |   |   |   |
| 6. |   |   |   |

**CHECK ONE:**
[  ]  Performance Action Plan satisfactorily completed on: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

[  ]  Corrective Action *(if applicable attach and submit to Human Resources)*

Failure to meet and sustain improved performance may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance plan.

**Reviewed and accepted by:**

**Employee (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Review completed by:

**Supervisor (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Performance Action Plan reviewed by:

**Department Manager (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Human Resources (signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This performance plan is not intended to be an employment contract or guarantee of continuing employment.*

Copy: Employee

Original: Personnel File