

PERFORMANCE IMPROVEMENT PLAN (PIP)

Employee Name: _____ **Employee Title:** _____

Purpose: The purpose of this Performance Improvement Plan (PIP) is to identify areas of concern, reiterate expectations of this position, and offer solutions and resources to best meet performance goals. You will receive feedback regarding your PIP at designated checkpoints along the way, with the duration and content of the PIP extended as necessary.

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
1. Performance Issue / Problem: Goal: Action Steps: Resources	<u>Checkpoint Date 1:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Checkpoint Date 2:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Checkpoint Date 3:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p>2. Performance Issue / Problem:</p> <p>Goal:</p> <p>Action Steps:</p> <p>Resources</p>	<p><u>Checkpoint Date 1:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><u>Checkpoint Date 2:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><u>Checkpoint Date 3:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p data-bbox="128 207 575 237">3. Performance Issue / Problem:</p> <p data-bbox="178 378 254 407">Goal:</p> <p data-bbox="178 586 354 615">Action Steps:</p> <p data-bbox="174 902 310 932">Resources</p>	<p data-bbox="821 207 1073 237"><u>Checkpoint Date 1:</u></p>	<p data-bbox="1864 272 1948 302"><input type="checkbox"/> Yes</p> <p data-bbox="1864 345 1948 375"><input type="checkbox"/> No</p>
	<p data-bbox="821 591 1073 620"><u>Checkpoint Date 2:</u></p>	<p data-bbox="1864 656 1948 685"><input type="checkbox"/> Yes</p> <p data-bbox="1864 725 1948 755"><input type="checkbox"/> No</p>
	<p data-bbox="821 969 1073 998"><u>Checkpoint Date 3:</u></p>	<p data-bbox="1864 1034 1948 1063"><input type="checkbox"/> Yes</p> <p data-bbox="1864 1104 1948 1133"><input type="checkbox"/> No</p>

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p>4. Performance Issue / Problem:</p> <p>Goal:</p> <p>Action Steps:</p> <p>Resources</p>	<p><u>Checkpoint Date 1:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><u>Checkpoint Date 2:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><u>Checkpoint Date 3:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p>5. Performance Issue / Problem:</p> <p>Goal:</p> <p>Action Steps:</p> <p>Resources</p>	<p><u>Checkpoint Date 1:</u></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p><u>Checkpoint Date 2:</u></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
	<p><u>Checkpoint Date 3:</u></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p data-bbox="128 207 575 240">6. Performance Issue / Problem:</p> <p data-bbox="176 378 254 410">Goal:</p> <p data-bbox="176 586 359 618">Action Steps:</p> <p data-bbox="165 902 306 935">Resources</p>	<p data-bbox="821 207 1073 240"><u>Checkpoint Date 1:</u></p>	<p data-bbox="1860 272 1948 305"><input type="checkbox"/> Yes</p> <p data-bbox="1860 345 1948 378"><input type="checkbox"/> No</p>
	<p data-bbox="821 589 1073 621"><u>Checkpoint Date 2:</u></p>	<p data-bbox="1860 654 1948 686"><input type="checkbox"/> Yes</p> <p data-bbox="1860 727 1948 760"><input type="checkbox"/> No</p>
	<p data-bbox="821 967 1073 1000"><u>Checkpoint Date 3:</u></p>	<p data-bbox="1860 1032 1948 1065"><input type="checkbox"/> Yes</p> <p data-bbox="1860 1105 1948 1138"><input type="checkbox"/> No</p>

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p data-bbox="128 207 575 240">7. Performance Issue / Problem:</p> <p data-bbox="176 378 254 410">Goal:</p> <p data-bbox="176 586 354 618">Action Steps:</p> <p data-bbox="165 902 306 935">Resources</p>	<p data-bbox="821 207 1073 240"><u>Checkpoint Date 1:</u></p>	<p data-bbox="1860 272 1948 305"><input type="checkbox"/> Yes</p> <p data-bbox="1860 345 1948 378"><input type="checkbox"/> No</p>
	<p data-bbox="821 591 1073 623"><u>Checkpoint Date 2:</u></p>	<p data-bbox="1860 656 1948 688"><input type="checkbox"/> Yes</p> <p data-bbox="1860 729 1948 761"><input type="checkbox"/> No</p>
	<p data-bbox="821 967 1073 1000"><u>Checkpoint Date 3:</u></p>	<p data-bbox="1860 1032 1948 1065"><input type="checkbox"/> Yes</p> <p data-bbox="1860 1105 1948 1138"><input type="checkbox"/> No</p>

Areas of Concern	Checkpoints and Supervisor Comments at Review	Goal Met?
<p>8. Performance Issue / Problem:</p> <p>Goal:</p> <p>Action Steps:</p> <p>Resources</p>	<p><u>Checkpoint Date 1:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><u>Checkpoint Date 2:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<p><u>Checkpoint Date 3:</u></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Review Signature – Prior to Implementation

EMPLOYEE: Name: Title: Signature: Date:	SUPEVISOR: Name: Title: Signature: Date:	HUMAN RESOURCES: Name: Title: Signature: Date:
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2. PIP Feedback Sign-off – End of Period 1

1. SUPERVISOR SUMMARY:		
2. SUPERVISOR SIGNATURE:	3. SUPERVISOR TITLE:	4. MEETING DATE:
5. EMPLOYEE SIGNATURE:	<input type="checkbox"/> I AGREE WITH THIS REPORT <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL <input type="checkbox"/> DECLINED TO SIGN - supervisor initial _____	6. DATE SIGNED:

3. PIP Feedback Sign-off – End of Period 2

1. SUPERVISOR SUMMARY:		
2. SUPERVISOR SIGNATURE:	3. SUPERVISOR TITLE:	4. MEETING DATE:
5. EMPLOYEE SIGNATURE:	<input type="checkbox"/> I AGREE WITH THIS REPORT <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL <input type="checkbox"/> DECLINED TO SIGN - supervisor initial _____	6. DATE SIGNED:

4. PIP Feedback Sign-off – End of Period 3

1. SUPERVISOR SUMMARY:		
2. SUPERVISOR SIGNATURE:	3. SUPERVISOR TITLE:	4. MEETING DATE:
5. EMPLOYEE SIGNATURE:	<input type="checkbox"/> I AGREE WITH THIS REPORT <input type="checkbox"/> I DO NOT AGREE WITH THIS REPORT <input type="checkbox"/> I HAVE ATTACHED A REBUTTAL <input type="checkbox"/> DECLINED TO SIGN - supervisor initial _____	6. DATE SIGNED:

5. PIP Conclusion

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