Performance Improvement Plan (PIP)

Employee Name:_____

Meeting Date:_____

Supervisor Name:_____

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

[ ] Productivity [ ] Efficiency

[ ] Teamwork [ ] Quality

[ ] Attendance [ ] 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 Required

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:

Clinical Director (signature): _____ Date: _____

Owner (signature): _____ Date: _____

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

Copy: Employee

Original: Personnel File