

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):

Agreed upon by:

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 (*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