



**Performance Improvement Plan (PIP)**

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

**Meeting Date:** \_\_\_\_\_ **Center:** \_\_\_\_\_

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

You are being placed on a written performance improvement plan. For the next [30, 60, or 90] days, \_\_\_\_\_ to \_\_\_\_\_, your work will be closely monitored. You must demonstrate immediate improvement in the following areas:

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

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

**Acknowledgment:**

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

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

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

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

Department Director (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: \_\_\_\_\_

**Completed by:**

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

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

**Performance Action Plan reviewed by:**

Department Director (signature): \_\_\_\_\_

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

Director of Business Operations (signature): \_\_\_\_\_

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

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

Copy: Employee

Original: Personnel File