**PERFORMANCE IMPROVEMENT PLAN (PIP)**

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Appraisal Date/ Overall Rating:** \_\_\_\_\_\_ /\_\_\_\_\_

 (L***ast Name First Name MI)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee M#:**   **PIP Establishment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Department:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Follow-Up Review Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Usually 60 days) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor M#:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (L***ast Name First Name MI)***

**Instructions:** The Performance Improvement Plan (PIP) documents required performance improvement when an employee’s overall performance rating is less than competent, or if the supervisor determines current performance or behavior requires improvement. The Performance Improvement Plan includes a description of what behavior(s), performance(s), situation(s), or condition(s) must be changed along with what is to be done by the employee, what is to be done by the supervisor, and when the improved level of performance is to be achieved. Specific conditions for determining that improvement has occurred should be set so that both the employee and the supervisor will know if success has been achieved. **Note: Supervisors should contact the Office of Human Resources for assistance and guidance before initiating the PIP process with an employee.**

**Section 1 – Performance Improvement Plan**

1. **Summary of performance or behavior(s) to be changed:**
2. **Describe expected changes to be made by employee to improve performance or behaviors:** *(including situations and/or conditions)*
3. **List development/learning activities and/or resources, to include supervisor’s actions, to assist employee with improving performance:**
4. **Additional notes of interim discussions while PIP is in effect:** *(include dates of discussions- supervisor notes and documents can be attached)*

**Section 2 – Results of Performance Plan – Follow-Up Review:** To be completed by the supervisor within 60 days of the initiation of the Performance Improvement Plan. Please check the appropriate response and provide comments to support selection.

\_\_\_\_\_ **Employee has successfully improved behavior or performance as described in Section 1.**

\_\_\_\_\_ **Employee has failed to improve behavior or performance as described in Section 1.** *(Supervisor should contact Human Resources for guidance and assistance)*

**Supervisor Comments:**

**Employee Comments:**

**Section 3 - Signatures**

**PIP Establishment:** ThePerformance Improvement Planhas been reviewed and discussed. A signature indicates the employee reviewed and understood the requirements to improve performance.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer Signature: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_ Date: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-up Review:** The completed Performance Improvement Plan has been reviewed and discussed. A signature indicates review occurred; not necessarily agreement with the results and recommendations.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer Signature: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_