**Performance Improvement Plan (PIP)**

**Confidential**

Employee Name: Position Held:

Manager Name: Covered Period:

RE: Performance Improvement Plan (PIP)

Completion Instructions:

**Areas of Concern:** *Bullet point issues and how employee’s lack of performance and/or behavior has affected his/her co-workers, the company and clients/customers.*

**Observations, Previous Discussions or Counseling:** *Recap dates/times you have addressed the issues in the recent/relevant past. Reference previous documents when applicable.*

The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, gaps in your work performance, reiterate [COMPANY NAME] expectations, and allow you the opportunity to demonstrate improvement and commitment.

**Areas of Concern:**

**Observations, Previous Discussions or Counseling:**

**Step 1: Improvement Goals:** These are the goals related to areas of concern to be improved and addressed:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Step 2: Activity Goals:** Listed below are activities that will help you reach each goal:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal #** | **Activity** | **How to Accomplish** | **Start Date** | **Projected Completion Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Step 3: Expected Performance:** The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

**Step 4 Progress Checkpoints:** The following schedule will be used to evaluate your progress in meeting your Improvement activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal #** | **Activity** | **Checkpoint Date** | **Type of Follow-up**  (memo/call/meeting) | **Progress Expected** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Step 5 Follow-up Updates**: You will receive feedback on your progress according to the following schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Scheduled** | **Activity** | **Conducted By** | **Completion Date** |
|  | 30-day Update Memo | [Supervisor/Manager] |  |
|  | 45-day [or 60-day] Update Memo | [Supervisor/Manager] |  |
|  | 60-day [or 75, or 90 – Day] Status Memo | [Supervisor/Manager] |  |

**Step 6 Follow-up Updates**: (Name of person monitoring the plan) will review your progress on each of the above mentioned items requiring improvement. You will receive feedback on your progress according to the following schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Scheduled** | **Activity** | **Conducted By** | **Completion Date** |
|  | 30-day Update Memo | [Manager Name] |  |
|  | 45-day [or 60-day] Update Memo | [Manager Name] |  |
|  | 60-day [or 75, or 90 Day] Status Memo | [Manager Name] |  |

**Timeline for Improvement, Consequences & Expectations:**

Effective immediately, you are placed on a **(insert 30, 60, 75, or 90)**-day PIP. During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of gross misconduct will result in further disciplinary action, up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be terminated prior to **(insert 30, 60, 75, or 90)** days. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination.

The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with *(Name of person to follow up with)*.

We will meet again on as noted above to discuss your Performance Improvement Plan. Please schedule accordingly.

Your signature acknowledges this discussion. It does not indicate agreement or disagreement with this plan.

**Signatures:**

Print Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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