



STAFF PERFORMANCE IMPROVEMENT PLAN (PIP)

You are receiving a Performance Improvement Plan (PIP) because there are specific gaps in your performance that require attention. A PIP is a structured tool designed to assist employees in meeting the expectations of their respective positions. It provides clear guidance on areas requiring improvement, outlines specific actions for success, and offers necessary support to help employees enhance their performance. The goal of a PIP is to foster professional growth and provide employees with a fair opportunity to succeed. However, failure to meet the expectations outlined in the PIP may result in further corrective actions, up to and including termination. You are receiving a PIP to support your growth and success.

Employee ID (Not SSN):		
Name:	Job Title:	Date Prepared:

Job Responsibility	Specific Areas to be Improved (with example(s))	Actions to be Taken to Improve Performance	Time Frame for Improvement	Status of Improvement	Progress Achieved (Y/N)

While this Performance Improvement Plan (PIP) focuses on specific areas for improvement, it is expected that you will perform all responsibilities of your role in an acceptable and satisfactory manner. Immediate adherence to the Plan is expected. If the goals outlined in this Plan are not met, further disciplinary action may be taken, up to and including termination. Further, management may amend, extend, or abbreviate this Plan, in its discretion, based on the employee's degree of compliance and satisfaction of the performance metrics enumerated in the Plan. Formal evaluation will take place ninety (90) days from the date this Plan becomes active, but any problems occurring in the meantime may be addressed as needed. Note that a successful completion of this PIP requires not just immediate improvement, but a commitment to maintaining expected performance levels long-term.

I understand my Performance Improvement Plan (PIP) and the expectations regarding my job performance. I also understand that I will have the opportunity for discussion of my progress during the scheduled follow-up reviews.

Supervisor's Name:	Supervisor's Signature:	Dates for Follow-Up Review:
Employee's Name:	Employee's Signature:	Date: