**TO: Employee:**

**Position:**

**FROM: Supervisor:**

**Date:**

**Target PIP End Date:**

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

**Concern**

|  |
| --- |
| **Specific performance deficiency or behavior concern(s):** |
|  |
| **How the ineffective competency/behavior impacts the department and/or institution:** |
|  |
| **Observations, previous discussions or counseling:** |
|  |

**Goals and/or Expectations**

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

***[Optional – Remove or alter section as applicable]* Activities/Goals:** Activities/milestone accomplishments to help you reach each goal:

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

|  |
| --- |
| **Resources:** Resources available to you to support your improvement. |
|  |

**Measurable 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Period Review Dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Scheduled** | **Activities/Goals/Milestones to Review** | **Feedback to Receive** | **Completion Date** |
|  |  | 30-day Update Memo |  |
|  |  | 45-day [or 60-day] Update Memo |  |
|  |  | 60-day [or 75, or 90 – Day] Update Memo |  |

Effective immediately, you are placed on this 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 misconduct may result in 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, disciplinary action may be pursued prior to the PIP’s end date. Finally, 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 relationship in accordance with your employee category. This PIP will be included in your personnel file. Should you have questions or concerns regarding the content, please follow up directly with me.

We will meet as noted above to discuss your Performance Improvement Plan.

**Signatures:**

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

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

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

Print Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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