## Employee Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: |  |  | Job Title: |  |
|  | Print | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| A#: |  | Department: |  |

PIP Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Frame for Improvement:  60 working days  90 working days

## Employee Improvement Information

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| --- | --- | --- | --- | --- |
| 1. State in detail **why** the employee’s performance has not met the expectations outlined for the position. The following detailed incidents and occurrences illustrated the areas of concern where performance deficiencies have been observed (attach extra pages if necessary).  |  | | --- | |  |  1. The employee must demonstrate significant improvement by the time frame indicated above. Failure to meet the following expectations may result in further corrective action, up to and including termination (attach extra pages of expectations if necessary).  |  | | --- | |  |  1. State what specific action steps the supervisor will take to help the employee correct the situation (attach extra pages if necessary).  |  | | --- | |  |  1. If the necessary improvements are not achieved by the time frame indicated above, the following actions may be taken:  |  | | --- | |  | |
|  |

## Signatures

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| --- | --- | --- | --- |
| Supervisor Name: |  | Supervisor Signature: |  |

*Print*

|  |  |
| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
|  |  |

I acknowledge receipt of the Performance Improvement Plan and have met with my supervisor to discuss the areas and reasons why I must improve.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

*Distribution: Department to retain original document, copies to employee and Human Resources.*