Performance Improvement Plan (PIP)

Confidential

TO:

FROM:

DATE:

RE: Performance Improvement Plan (PIP)

The purpose of this Performance Improvement Plan (PIP) is to define areas of concern or gaps in your work performance, reiterate DEPARTMENT expectations, and to facilitate opportunities for you to improve.

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:

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Activity</th>
<th>How to Accomplish</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
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</table>

Step 3: Resources: Listed below are resources available to you to complete your Improvement activities.

1.

2.

3.
Step 4: Expectations: The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

1.
2.
3.
4.
5.

Step 5 Progress Checkpoints: The following schedule will be used to evaluate your progress in meeting your Improvement activities.

<table>
<thead>
<tr>
<th>Goal #</th>
<th>Activity</th>
<th>Date</th>
<th>Type Follow-up (memo/call/meeting)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Conducted by</th>
<th>Date</th>
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<tbody>
<tr>
<td>30-day Update</td>
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<tr>
<td>60-day Update</td>
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<td></td>
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<tr>
<td>90-day Update</td>
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</tbody>
</table>

Signatures:

Print Employee Name:_____________________________________
Employee Signature: _____________________________________
Date: ___________________________

Print Supervisor Name: _____________________________________
Supervisor Signature: _____________________________________
Date: ___________________________

Print Supervisor Name: _____________________________________
Supervisor Signature: _____________________________________
Date: ___________________________