**Performance Improvement Plan (PIP)**

***Confidential***

**[Insert employee’s name and title]**

**[Insert manager’s name and title]**

**[Insert date]**

**RE: Performance Improvement Plan (PIP)**

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

Effective immediately, you are placed on a **(insert 30, 60, or 90)**-day PIP. During this time, you will be expected to make progress on the plan outlined below.

**Areas for Improvement:**

*Identify issues and how employee’s lack of performance and/or behavior has affected performance and/or behavioral expectations.*

**Observations, Previous Discussions or Counseling:**

*Recap dates/times when the issues were addressed in the recent/relevant past. Reference previous documents when applicable.*

| **Improvement Goals***These are the goals related to areas of concern to be improved and addressed: (Utilize the SMART formula]* | **Action Steps***The following are steps or actions to help you successfully achieve the stated improvement goals*  | **Additional Resources and/or Management Support***Listed below are resources available to you to complete your Improvement goals* |
| --- | --- | --- |
| Improvement Goal 1: | Action Step 1: | Detail the additional support required to succeed in achieving improvement goal 1 |
| Improvement Goal 2: | Action Step 2: | Detail the additional support required to succeed in achieving improvement goal 2 |

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| --- |
| **Review Period** (*Indicate the scheduled review frequency – example: weekly*): |

**Signatures:**

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

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

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

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

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

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