



# PERFORMANCE IMPROVEMENT PLAN

Name	:	_____	Position	:	_____
Superior/Manager	:	_____	Dept.	:	_____
PIP Establishment	:	_____	30-Days	:	_____
Date	:	_____	Review Date:	:	_____

## Performance Improvement Plan

**a. Summary of Performance or behavior(s) to be changed:**

**b. Describe expected changes to be made by employee to improve performance or behaviors:**

**c. List development/Learning activities and/or resources, to include supervisor's actions to assist employee with improving performance:**

SECTION 1



# PERFORMANCE IMPROVEMENT PLAN

d. PIP expected outcome:

## Establishment of Performance Improvement Plan

Employee Comments:

Superior / Manager Comments:

Human Resources Comments:



# PERFORMANCE IMPROVEMENT PLAN

## SECTION 3

### Signatures

#### PIP Establishment

This Performance Improvement Plan has been reviewed and discussed with me. I understand the requirements needed to improve my performance. I further understand that I have resources and support available to me as:

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

I am committed to a successful outcome of this Performance Improvement Plan. I intend to use all resources available to me to ensure for this employee.

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_