**Performance Improvement Plan (PIP)**

EMPLOYEE:

POSITION:

DATE:

FROM:

|  |
| --- |
| **Areas of Improvement:**  |
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| **Improvement Goals:**  |
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|  |  |  |
| --- | --- | --- |
| **How to Attain Goals Listed Above:** | **Start Date** | **Completion Date** |
|  |  |  |

|  |
| --- |
| **List of Resources and Training to Help Complete Goals:** |
| a. |
| b. |
| c. |
| d. |
| e. |
| f. |

|  |
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| **Progress Review Dates:** |
| Progress Goals | Expected Date of Progress  | Actual Date of progress  |
|  |  |  |

**Expectations and Penalties for Delayed Progress:**

*As an employer or supervisor indicate the consequences the employee will face, should he or she fail to meet progress dates and or expectations.*

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

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

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

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