



Performance Improvement Plan

This document will serve as formal notice that you must improve your performance, behavior or attendance. The Performance Improvement Plan is intended to allow you an opportunity to improve the identified shortcomings within a reasonable time period. Failure to address these concerns and to demonstrate sustained improvement will result in further action, up to and including termination.

PERFORMANCE IMPROVEMENT PLAN

Employee Name	Title
Department/School	Supervisor
Date	PIP Action

STATEMENT OF CONCERNS

Your performance, behavior or attendance does not meet expectations, as listed below:

Provide details of any previous discussions of these concerns, including dates:

IMPROVEMENT EXPECTATIONS

DUE DATE

EMPLOYEE'S COMMENTS

The reason for this Performance Improvement Plan has been explained to me. My signature below acknowledges receipt of this notice and does not imply agreement or disagreement.

Employee's Signature/Date

Supervisor's Signature/Date

HR Review Date

HR Partner Signature

PIP PROGRESS

Date of Review	Improvement Expectation	Progress	Action Required	Due Date
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GOALS MET

PIP Completed

You have successfully met the defined goals. It is expected that you will sustain the expected level of performance or be subject to further Performance Improvement action, up to and including termination.

GOALS NOT MET

You have not met the goals outlined in this plan and the following action is indicated:

Extension of PIP (Please complete a new PIP form.)

Length of Extension

Termination**

Employee's Signature/Date

Supervisor's Signature/Date

HR Review Date

HR Partner Signature

****Suspension and Termination must be approved by HR Partner prior to meeting with employee.**