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**PERFORMANCE IMPROVEMENT PLAN**

# EMPLOYEE INFORMATION

**NAME *(Last, First, Middle Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**JOB TITLE SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PIP ESTABLISHMENT DATE FOLLOW-UP REVIEW DATE**

# PERFORMANCE IMPROVEMENT PLAN

1. **Summary of performance or behavior(s) to be changed:**
2. **Describe expected changes to be made by employee to improve performance or behaviors: *(including situations and/or conditions)***
3. **List development/learning activities and/or resources, to include supervisor’s actions, to assist employee with improving performance:**
4. **Additional notes of interim discussions while PIP is in effect: *(include dates of discussions)***

# RESULTS OF PERFORMANCE PLAN

**\_\_\_ Employee has satisfactorily improved behavior or performance as described in Section II.**

**\_\_\_ Employee has not satisfactorily improved behavior or performance as described in Section II.**

**Supervisor Comments:**

**Employee Comments:**

# SIGNATURES

**PIP Establishment**

The Performance Improvement Plan has been reviewed and discussed.

A signature indicates the employee reviewed and understood the requirements to improve performance

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**Employee Signature Date**

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**Supervisor Signature Date**

**Follow-up Review**

The completed Performance Improvement Plan has been reviewed and discussed.

A signature indicates review occurred; not necessarily agreement with the results and recommendations.

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**Employee Signature Date**

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**Supervisor Signature Date**