



PERFORMANCE IMPROVEMENT PLAN

Use this form when an employee's performance does not meet standards and needs improvement

Demographic Data

Employee Name	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Last	First	MI	SSN #	XXX	-	XX	-	
Supervisor Name	_____	Department	_____	Department Number	_____				
Position Number	_____	Job Title	_____						
Review Period	_____	through	_____	Type of Evaluation (select one):	<input type="checkbox"/> Mid-Year	<input type="checkbox"/> Annual			
Purpose of this PIP:	<input type="checkbox"/> Coaching <input type="checkbox"/> Oral Warning <input type="checkbox"/> Written Warning <input type="checkbox"/> Corrective Action Probation <input type="checkbox"/> Documentation of Suspension								

Section One: to be completed by Supervisor

List the employee's Essential Functions and standards that require attention and describe the specific improvement(s) needed to meet those standards.

Essential Functions:
Job Standards requiring improvement (define the problem):
Specific improvement needed (identify what needs to be done differently):
Steps to achieve this improvement (training, equipment, feedback, etc.):