**PERFORMANCE IMPROVEMENT PLAN (PIP)**

**CONFIDENTIAL**

**TO: (insert employee’s name)**

**FROM: (insert manager’s name)**

**DATE: (insert date)**

**RE: Performance Improvement Plan (PIP)**

The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, gaps in your work performance, reiterate **Western University [Name of College]’s** expectations, and allow you the opportunity to demonstrate improvement and commitment.

**Areas of Concern:**

Bullet point issues and how employee’s lack of performance and/or behavior has affected his/her co-workers, the company and clients/customers.

**Observations, Previous Discussions or Counseling:**

Recap dates/times you have addressed the issues in the recent/relevant past. Reference previous documents when applicable.

**Step 1: Improvement Goals:** These are the goals related to areas of concern to be improved and addressed:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

.

**Step 2: Activity Goals:** Listed below are activities that will help you reach each goal:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal #** | **Activity** | **How to Accomplish** | **Start Date** | **Projected Completion Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Step 3: Resources:** Listed below are resources available to you to complete your Improvement activities (may include other people’s time or expertise, funds for training materials and activities, or time away from usual responsibilities.)

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

***[OPTIONAL: This can be incorporated as part of Step 3: Resources, above]* Management Support:** Listed below are ways in which your manager will support your Improvement activities.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

**Step 4: Expectations:** The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal:

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

**Step 5 Progress Checkpoints:** The following schedule will be used to evaluate your progress in meeting your Improvement activities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal #** | **Activity** | **Checkpoint Date** | **Type of Follow-up**(memo/call/meeting) | **Progress Expected** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Follow-up Updates**: You will receive feedback on your progress according to the following schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Scheduled** | **Activity** | **Conducted By** | **Completion Date** |
|  | 30-day Update Memo | [Supervisor/Manager] |  |
|  | 45-day [or 60-day] Update Memo | [Supervisor/Manager] |  |
|  | 60-day [or 75, or 90 – Day] Status Memo | [Supervisor/Manager] |  |

**Timeline for Improvement, Consequences & Expectations:**

Effective immediately, you are placed on a **(insert 60, 75, or 90)**-day PIP. During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of gross misconduct will result in further disciplinary action, up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be terminated prior to **(insert 60, 75, or 90)** days. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination.

The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with me.

We will meet again on as noted above to discuss your Performance Improvement Plan. Please schedule accordingly.

**Signatures:**

Print Employee Name:

Employee Signature:

 Date:

Print Supervisor/Manager Name:

Supervisor/Manager Signature:

 Date: