|  |  |
| --- | --- |
| Date | Initials |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**Performance Improvement Plan (PIP)**

**Confidential**

**TO:**

**FROM:**

**DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this PIP is to document serious employment concerns, note gaps in work performance, define the College’s expectations, and allow the opportunity to demonstrate improvement and commitment.

**Areas of Concern:** Actions (or inactions) and/or behaviors that have adversely affected job performance, co-workers, students, partners, constituents and/or the College.

|  |  |
| --- | --- |
| Area of Concern | Resulting Issues |
| 1.
 |       |
| 1.
 |       |
| 1.
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| 1.
 |       |
| 1.
 |       |

**Observations, Previous Discussions or Coaching Sessions:** Recap of date and time an area of concern has been previously addressed in the recent/relevant past.

|  |  |  |
| --- | --- | --- |
| Date and Time | Area of Concern | Summary of How Concern Was Addressed |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Improvement Goals to Address Areas of Concern**

|  |  |
| --- | --- |
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|  |       |
|  |       |
|  |       |
|  |       |

**Activities and Actions to Help You Reach Your Goals:** The following activities/actions must be accomplished in order to demonstrate your progress towards achievement of each improvement goal.

|  |  |  |  |
| --- | --- | --- | --- |
| Goal # | Activities and Actions | Start Date | Projected Completion Date |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |

**Resources/Management Support:** Listed below are resources available to assist you in completing your improvement activities.

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

**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 Notes:**

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

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

Effective immediately, you are placed on a [ ]  30-day, [ ]  60-day, [ ]  90-day, [ ]  120-day, [ ]  180-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 completion of this PIP. 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 with the supervisor as identified below.

**Signatures:**

Employee Name:

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

Supervisor/Manager Name:

Supervisor/Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PIP Wrap-up (Check One):**

[ ]  Performance Improvement Plan satisfactorily completed on      .

[ ]  Performance Improvement Plan unsuccessfully completed. Future correction action      .

Employee Name:

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

Supervisor/Manager Name:

Supervisor/Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please note: Before presenting the PIP to the employee, it must be reviewed and approved (initialed and dated at the top of page 1) by the chain-of-command up through the appropriate Dean/Vice President, the Vice President of Administration and the Director or Assistant Director of HR. In the case of direct reports to the President, it must be reviewed and approved by the President, the Vice President of Administration and the Director or Assistant Director of HR.

A copy of the initial PIP along with any updates must be sent to the Office of Human Resources for inclusion into the employee’s personnel file. At the conclusion of the PIP, the original PIP must then be sent to the Office of Human Resources to replace the copies on file.