

Affiliate ID: _____ Last Evaluation Date: _____ PIP Establishment Date: _____
 Employee Name: _____ Position Title: _____
 Supervisor: _____ Department: _____
 Follow-Up Review Date: _____

Instructions: The Performance Improvement Plan (PIP) should be used when an employee receives a rating of 2 or 1 on their annual performance evaluation. The PIP may also be used any time an employee's performance or conduct fails to meet the supervisor's expectations. Refer to SPP 309-01 (Classified Employee Performance Evaluation), SPP 309-02 (Administrative/Service Professional Employee Performance Evaluation) and SPP 809 (Discipline) for further guidance on the appropriate use of the PIP process and completion of the PIP form.

Performance Improvement Plan	
S E C T I O N 1	a. Summary of performance or behavior(s) to be changed:
	b. Describe expected changes to be made by employee to improve performance or behaviors: <i>(including situations and/or conditions)</i>
	c. List development/learning activities and/or resources, to include supervisor's actions, to assist employee with improving performance:
	d. Additional notes of interim discussions while PIP is in effect: <i>(include dates of discussions)</i>

Results of Performance Plan	
S E C T I O N 2	Follow-Up Review: To be completed by the supervisor within a reasonable amount of time after the initiation of the Performance Improvement Plan (e.g. 60 – 90 days). Please place an 'X' in the appropriate response box and provide comments to support your selection.
	<input type="checkbox"/> Employee has satisfactorily improved behavior or performance as described in Section 1.
	<input type="checkbox"/> Employee has not satisfactorily improved behavior or performance as described in Section 1.
	Supervisor Comments:
	Employee Comments:

PERFORMANCE IMPROVEMENT PLAN TEMPLATE

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.

Employee Signature: _____ Date: _____

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.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SECTION 3