PERFORMANCE IMPROVEMENT PLAN

Employee Name _____ Date Issued _____

Position _____ Review Period_____

Supervisor _____ Final Review _____

Purpose

This Performance Improvement Plan (PIP) provides a clear and structured path for improving performance, clarifying expectations, and providing the support necessary for success. The goal is restoration, development, and improved performance while ensuring the employee understands the expectations of their role.

1. Performance Areas Requiring Improvement

Area of Concern #1 _____

Area of Concern #2 _____

Area of Concern #3 _____

2. Performance Expectations

Clearly define what successful performance looks like during and following the improvement period.

_____

_____

_____

3. Improvement Action Plan

Goal #1 Goal: _____ Target Date: _____

Goal #2 Goal: _____ Target Date: _____

Goal #3 Goal: _____ Target Date: _____

4. Check-In Schedule

Use regular check-ins to evaluate progress, address obstacles, provide feedback, and keep expectations clear.

Check-In #1 Date: _____ Progress / Observations: _____

Check-In #2 Date: _____ Progress / Observations: _____

Check-In #3 Date: _____ Progress / Observations: _____

PERFORMANCE IMPROVEMENT PLAN — REVIEW & FINALIZATION

5. Check-In Notes

Check-In #1	What Is Going Well: _____ Areas Still Requiring Improvement: _____
Check-In #2	What Is Going Well: _____ Areas Still Requiring Improvement: _____
Check-In #3	What Is Going Well: _____ Areas Still Requiring Improvement: _____

6. Final Review

Summary of Progress

_____

_____

_____

Next Steps

_____

_____

7. Acknowledgment

By signing below, the employee acknowledges that this Performance Improvement Plan has been reviewed with them and that they understand the expectations, goals, timeline, and review process. An employee's signature does not necessarily indicate agreement with every statement in the plan, but confirms that the plan has been received and discussed.

Team Lead Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

Team Lead Notes:

_____