

Performance Improvement Plan (PIP)

-Confidential-

Employee:	Superviso	or:	
Department:	Date:		
The purpose of this Performance Im your work performance, reiterate C demonstrate improvement and comi	ity of Stephenville expectation		
Areas of Concern: (List specific areas	where the employee failed to i	meet expectations	s)
Observations, Previous Discussions, have been addressed, the context, ar Step 1 - Improvement Goals: Thes addressed:	nd the outcome of discussions o	or training)	
1			
2			
3Step 2 - Activity Goals: Listed below			
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

Goal #	Activity	Checkpoint Date	Type of Follow-up (memo/call/meeting)	Progress Expected	Notes
your Improv	rement activities.		edule will be used to ev		ress in meeting
5					
1					
-	pectations: The follow wards achievement of o		nce standards must be nent goal:	e accomplished t	o demonstrate
3					
2					
1					
· ·	e other people's time or rom usual responsibilit	-	anagement support, tra	aining materials a	nd activities, or

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

Date Scheduled	Activity	Conducted By	Completion Date
	30-day Review		
	45-day [or 60-day] Review		
	60-day [or 90 – Day] Review		



Timeline for Improvement, Consequences & Expectations:

expected to make regular pro- expectations, or any display of gr termination. Also, if there is no s be met within the timeline indicathis PIP. Furthermore, failure to	placed on a 30 60 90 day PIP. gress on the plan outlined above. Failur oss misconduct will result in further correct significant improvement to indicate that thated in this PIP, your employment may be maintain performance expectations after the tion up to and including termination.	re to meet or exceed these live action, up to and including ne expectations and goals wil terminated before the end o
•	oyment-at-will relationship. Additionally, the have questions or concerns regarding the upervisor.	
We will meet again on as noted accordingly.	above to discuss your Performance Impro	vement Plan. Please schedule
Printed Name	Employee Signature	Date
Supervisor Printed Name	Supervisor Signature	 Date