

PERFORMANCE IMPROVEMENT PLAN (PIP)- Standards and Requirements of the position

Employee Name:		Employee Title:	
Supervisor Name:		PIP Presentation Date:	Conducted by:
Objectives:			
Frequency of Meetings:			

Presentation Date:	Review Date:
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	Key Responsibilities From Job Description	Specific Tasks, Requirements or Competencies required	Review Date of Product	Due date	Next Steps	Current Performance Rating	Comments Regarding Improvement
1.							
2.							

3.							
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I agree with the assessment, comments, actions and have read the above performance improvement plan.

I have been made aware of the assessment, comments, actions and have read the above performance Improvement Plan.

I am aware of the next date of review _____.

Employee's name (participating in Performance Improvement Plan)

Employee's signature

Date

Supervisor's name

Department

Supervisor's signature

Date