**Instructions**

Complete the form below as instructed and make a copy for all parties involved

**Employee Details**

Name Job Title

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

Department / Manager Date

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

**Performance Issue**

|  |
| --- |
| Please be as specific as possible, include details, dates, etc.  |
|  |

**Action To Be Taken For Improvement**

|  |
| --- |
| Detail action to be taken by employee for improvement – include specific benchmarks for completion |
|  |
| Detail action to be taken by manager for improvement – include specific timeframe for assistance |
|  |

**Actions To Be Taken In The Event Of An Unsuccessful Completion of The PIP**

|  |
| --- |
| Detail the actions that the company may take should the employee fail to complete the PIP successfully |
|  |

**Agreed Upon Timeframe for Completion of PIP**

|  |  |
| --- | --- |
| The employee has the following duration to successfully complete the PIP |  |

**Scheduled Date for PIP Review and Conclusion**

|  |  |
| --- | --- |
| Agreed upon date for review of PIP |  |

**Acknowledgements and Signatures**

The manager acknowledges that this Performance Improvement Plan (PIP) has been implemented on the agreed upon date and that the employee has the complete duration of the agreed upon timeframe and access to resources necessary to successfully complete the PIP.

|  |  |
| --- | --- |
| Manager Signature |  |

The employee acknowledges that this Performance Improvement Plan (PIP) has been implemented on the agreed upon date and that the employee has the complete duration of the agreed upon timeframe and access to resources necessary to successfully complete the PIP.

|  |  |
| --- | --- |
| Employee Signature |  |

The HR professional acknowledges that this Performance Improvement Plan (PIP) has been implemented on the agreed upon date and that the employee has the complete duration of the agreed upon timeframe and access to resources necessary to successfully complete the PIP.

|  |  |
| --- | --- |
| HR Professional Signature |  |