** Performance Improvement Plan (PIP)**

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| Employee Name:  | Job Title:  |
| Supervisor/DC/PD/Dean: | Department/Office:  |
| PIP Time Frame:  | Discussion Date:  |
| **1.Statement of performance concern(s)** |
| *Include specific examples and/or data to support concern(s) being discussed.* |
| **2. Impact on the department/institution** |
| *Describe how this is impacting the team/department/university.* |
| **3. Supervisor expectations**  |
| *Specific performance and/or behavior changes that must take place. Include date behavior change must be exhibited by.* |
| **Consequences if expectations are not met:**Failure to meet and sustain improved performance/behavior change may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance plan. |
| **4. Employee Comments** |
| *Employee may insert comments or additional information as related to this PIP here:* |
| **5. Follow up** |
| *Measurement of progress to be discussed on these date(s):*  |
| Employee Signature: Date:Supervisor Signature: Date: |

**Note to supervisor:** Please provide a copy of this completed PIP to the office of people and culture/HR for the employee’s file. Revised: August 2023