

PERFORMANCE IMPROVEMENT PLAN - INSTRUCTIONS

1. *Identify the Problem(s)*

A. Document Performance Issues

- Specific proof that the employee is underperforming
- Information is objective, factual, and detailed

- Documentation should include:

- Relevant dates
- Description of performance issues
- Description of expected performance
- Description of actual performance
- Any rules and/or policies violated

B. Talk to your employee about your concerns

- Share observed issues of the employee's performance
- Use documentation to provide specific information
- Let the employee know a specific policy and/or procedure has been violated
- Explain to the employee how the behavior is affecting results of the job – department as a whole.

2. *Develop an Action Plan*

A. Establish specific, measurable improvement goals for the employee.

- Include numbers that can be measured later to assess progress

B. Provide a list of available resources.

- Training opportunities, training materials
- Supervisor expertise
- Mentor

C. Create a timeline to achieve performance improvement goals.

- Start date and end date
- Usually 30 – 90 day period
- Identify dates to meet with the employee to discuss progress

D. Identify the metric that will be used to measure progress

- Be specific on how you will evaluate progress

- E. State the intended consequences following the completion of the performance improvement plan.
 - Employee will be on probation until _____
 - If performance improvement goals are not achieved in the time specified, progressive disciplinary action will follow, up to and including termination.

 - F. Review performance improvement plan with employee.
 - Ensure that the employee understands the terms of the performance improvement plan.
 - Provide the employee with a copy of the performance improvement plan.
 - Allow the employee to respond and give feedback.
 - Make any necessary adjustments to the plan.
 - Get verbal affirmation from the employee of their comprehension of the terms of the plan.
 - Sign off on the plan with your employee to acknowledge its receipt and review.
3. ***Follow-Up with Employee***
- A. Observe the employee and document progress.
 - Measure the employee's progress towards meeting goals of the performance improvement plan.
 - Provides you with objective evidence of the employee's progress and help in sharing feedback to the employee.

 - B. Meet with employee regularly to discuss progress.
 - Daily, bi-weekly, monthly – holds employee accountable for improving performance.
 - Allow employee to ask questions, seek help/guidance/clarification.
 - Offer suggestions and advice to help the employee.

 - C. Assess the effectiveness of the performance improvement plan
 - Is the employee making reasonable progress?
 - Does the time period need extended?
 - Are the goals too difficult to attain?
4. ***Take Action***
- A. Performance Improvement Plan Works
 - Provide positive feedback to the employee.
 - Remove the employee from the performance improvement plan.

 - B. Performance Improvement Plan Does Not Work
 - Follow the actions outlined in the performance improvement plan.



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Performance Improvement Plan (PIP)

Name of Employee				
Job Title				
Department				
Supervisor				
PIP Start Date				
PIP End Date				
	Task /Problem Area of Responsibility <i>(Specific tasks, behavior, responsibilities)</i>	Improvement Objective / Action Plan <i>(Specific performance improvement to meet expectations/goal)</i>	Expected Outcome & Timeline <i>(Timeline to achieve performance improvement goal)</i>	Resources / Support <i>(Training, coaching sessions)</i>
1				
2				
3				
4				
5				
6				
7				

8			
	Review Date	Progress/Outcome: Met/Not Met/Partially Met	Progress / Outcome Follow-Up
1			
2			
3			
4			
5			
6			

During the period of the PIP, the employee will be monitored to assess if appropriate improvement is being made. If the expected progress/outcomes are not achieved, further progressive disciplinary action may occur, up to and including termination.

Reviewed and Accepted by: _____
Employee's Signature Date

Review Completed by: _____
Supervisor's Signature Date