

Employee Performance Improvement Plan

Date of PIP: _____

Supervisor: _____

Employee: _____

Department: _____

Performance Improvement Plan

Target Area	Performance Concern	Expected Outcome	Employee Will...	Supervisor Will...	Review Date
Detail specific duties/responsibilities where performance standards have not been met.	Details specific dates and examples of where the standards have not been met.	Detail what is expected of the employee in terms of their performance.	Detail what actions the employee will undertake to meet expected standards of performance.	Detail was support supervisor will provide to help achieve expected standard of performance.	Date PIP will be reviewed.

Please use a second form if additional space is needed to include additional target areas.