** 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