

## PERFORMANCE IMPROVEMENT PLAN MEMO

To:

From:

Date:

Subject: Performance Deficiencies and Expectations

### ***[REASON FOR PIP - DEFICIENCIES]***

During the past month ***[specify dates if available]***, it has become increasingly evident that you have not been performing your assigned work in accordance with what is expected of a[n] ***[job title]***. On ***[dates of all counseling and verbal warning sessions]***, you were counseled about this unacceptable performance. To date, there has not been any significant improvement. ***[Department]*** values you as an employee. This memo's intent is to make you fully aware of this situation and to assist you in improving your work performance. However, it is important that you realize the responsibility to improve is yours alone.

You are being placed on a performance improvement plan. For the next ***[30, 60, or 90]*** days, ***[date, 200\_\_]*** to ***[date, 200\_\_]***, your work will be closely monitored by ***[list who will monitor the plan]***. You must demonstrate immediate improvement in the following areas:

### ***[EXPECTATIONS]***

***[Identify areas of improvement. Be specific about what needs to be improved. If possible, list objectives with specific deadlines on a separate sheet and attach it to the plan.]***

### ***[MONITORING THE PLAN/FOLLOW-UP]***

I will review your progress on each of the above items requiring improvement every [day or week and time or review]. In so doing, I can guide you in becoming a contributing employee of ***[Department]***.

### ***[CONSEQUENCES]***

Improvement must occur immediately and must be maintained. If any portion of this improvement plan is violated at any time during the specified timeframe, disciplinary action up to and including termination may occur. A decrease in performance after successfully completing the improvement plan may result in disciplinary action up to and including termination without the issuance of another warning or performance improvement plan.

### ***[CLOSING]***

As always, I am available for you to discuss any concerns. A copy of this document will be placed in your departmental personnel file.

Your signature acknowledges this discussion. It does not indicate agreement or disagreement with this plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date