**Performance Improvement Plan**

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

**Employee Information:**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Employee ID** |  |
| **Manager** |  |
| **Department** |  |
| **Division** |  |
| **Title** |  |
| **Job Code** |  |

A covered employee is entitled to adequate notice of substandard performance and the opportunity to improve the substandard performance before being removed from the position. This Performance Improvement Plan process provides employees with this opportunity.

This is an official Performance Improvement Plan. You are hereby notified that your performance has not met the standards to warrant an appraisal of “successful” in the indicated essential job responsibility, developmental goal, project or special assignment, which is outlined in your Employee Performance Plan, acknowledged on **INSERT DATE**. Your performance in the identified areas must improve immediately and be sustained. While the intention of the recommendations is to help you be successful, it is your responsibility to take whatever measures are necessary to correct your performance**.**

**If at the end of the Performance Improvement Plan period your performance has not improved to at least a “Successful” you will be removed from the position immediately (i.e., terminated, reassigned or demoted).**

Your progress toward reaching the required performance levels will be discussed with you at regularly scheduled meetings during the performance improvement plan period and documented in writing.

This plan may be modified, cancelled or extended as necessary during this period, depending on your progress.

This Performance Improvement Plan is designed to clarify your performance expectations. It is a supplement to, not a replacement for, the position description and Employee Performance Plan, which is attached to this document.

**Essential Job Responsibilities/Developmental Goals/Projects/Special Assignments***Note: Each job responsibility, developmental goal, project and special assignment to be included on this Performance Improvement Plan should be listed separately and expected results, observed results and actions to be taken listed for each. In order to be included in a Performance Improvement Plan, the job responsibility, developmental goal, project or special assignment must be included in the Employee Performance Plan for the applicable review period.*

|  |  |
| --- | --- |
| **Essential job responsibility, developmental goal, project or special assignment**  |  |
| **Expected Results** |  |
| **Observed Results** |  |
| **Actions to be taken:*** **By *<insert employee name>;***
* **By *<manager/supervisor>;* and**
* **Other resources/support needed**
 |  |

|  |  |
| --- | --- |
| **Rating** |  |
| **Comments** |  |

**Progress Meetings**

|  |  |
| --- | --- |
| **Progress Meeting Frequency or Dates:** |  |

**Performance Improvement Plan Time Period**

|  |  |
| --- | --- |
| **Performance Improvement Plan Start Date** |  |
| **Performance Improvement Plan End Date (Recommend providing a range rather than a single date.)** |  |

**Summary Comments**

|  |  |
| --- | --- |
| **Employee Comments** |  |
| **Supervisor Comments** |  |

**Signatures:**

**Performance Improvement Plan**

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **Manager:** |  |  |
| **Manager Manager’s:** |  |  |
| **Employee:***(My signature indicates that this document and my supervisor’s performance expectations have been reviewed with me. Signing this document does not indicate agreement with the contents of the Performance Improvement Plan.)* |  |  |

**Performance Improvement Plan Review**

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **Manager:** |  |  |
| **Manager Manager’s:** |  |  |
| **Employee:***(My signature indicates that this document and my supervisor’s performance expectations have been reviewed with me. Signing this document does not indicate agreement with the contents of the Performance Improvement Plan Review.)* |  |  |

**Performance Improvement Plan Meeting Document**

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**Employee Information:**

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Meeting Attendees** |  |
| **Meeting Date** |  |

**Essential Job Responsibilities/Developmental Goals/Projects/Special Assignments***Note: Each Job Responsibility, Developmental Goal, Project and Special Assignment included in the Performance Improvement Plan should be listed separately and expected results, observed results and additional improvements indicated for each.*

|  |  |
| --- | --- |
| **Essential job responsibility, developmental goal, project or special assignment**  |  |
| **Expected Results** |  |
| **Observed Results** |  |
| **Additional Improvements Needed** |  |