Performance improvement plan (PIP)

Employee name: _____

Job title: _____

Manager: _____

HR or second reviewer: _____

Plan start date: _____

Plan end date (30, 60 or 90 days): _____

1. The performance gap

Describe what is happening, with dates and facts, and what the job requires instead. Refer to earlier conversations or written warnings.

Expected standard	Current performance (with dates)	Earlier conversations

2. Goals for the plan

Measurable goal	Deadline	Support or training provided

3. Check-in meetings

Date	Progress (on track / not on track)	Notes

4. Outcome

☐ Plan completed successfully ☐ Plan extended to: _____ ☐ Further action taken

This plan does not change the employment relationship or guarantee employment for the plan period where employment is at will. Failing to meet the goals may lead to further action, up to and including termination.

Employee comments: _____

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Employee signature (acknowledges receipt)	Date
Manager signature	Date
HR or second reviewer	Date

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