

Affiliate ID: \_\_\_\_\_ Last Evaluation Date: \_\_\_\_\_ PIP Establishment Date: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_  
 Follow-Up Review Date: \_\_\_\_\_

**Instructions:** The Performance Improvement Plan (PIP) should be used when an employee receives a rating of 2 or 1 on their annual performance evaluation. It may also be used any time an employee's performance or conduct fails to meet the supervisor's expectations. Refer to SPP 309-01 (Classified Employee Performance Evaluation), SPP 808 (Performance Management for University Staff) and SPP 809 (Discipline) for further guidance on the appropriate use of the PIP process and completion of the PIP form.

**Performance Improvement Plan**

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- a. Summary of performance or behavior(s) to be changed:
- b. Describe expected changes to be made by employee to improve performance or behaviors: *(including situations and/or conditions)*
- c. List development/learning activities and/or resources, to include supervisor's actions, to assist employee with improving performance:
- d. Additional notes of interim discussions while PIP is in effect: *(include dates of discussions)*

**Results of Performance Plan**

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- Follow-Up Review:** To be completed by the supervisor within a reasonable amount of time after the initiation of the Performance Improvement Plan (e.g. 60 – 90 days). Please place an 'X' in the appropriate response box and provide comments to support your selection.
- Employee has satisfactorily improved behavior or performance as described in Section 1.
  - Employee has not satisfactorily improved behavior or performance as described in Section 1.
- Supervisor Comments:**
- Employee Comments:**

PERFORMANCE IMPROVEMENT PLAN TEMPLATE

Signatures

PIP Establishment:

The Performance Improvement Plan has been reviewed and discussed.  
A signature indicates the employee reviewed and understood the requirements to improve performance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-Up Review:

The completed Performance Improvement Plan has been reviewed and discussed.  
A signature indicates review occurred; not necessarily agreement with the results and recommendations.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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