

A standard form for employers to use when placing an underperforming employee on a performance improvement plan (commonly known as a PIP) aimed at improving the employee's performance or addressing certain recurring behavioral issues. This Standard Document applies only to private, non-unionized workplaces and is intended for use in common law jurisdictions.

Performance Improvement Plan

To: [EMPLOYEE]
From: [MANAGER NAME]
Cc: [HR REPRESENTATIVE]
Date: [DATE]
Re: Notice of Performance Improvement Plan

The purpose of this Performance Improvement Plan (PIP) is to notify you that your job performance as [TITLE] in [DEPARTMENT/DIVISION] of [EMPLOYER NAME] is not meeting expectations and requires immediate improvement. You have been informed of the issues with your performance on multiple prior occasions, as described more fully below.

If your performance does not show immediate and sustained improvement, you may be subject to additional disciplinary action, up to and including employment termination. If you successfully complete the terms of this PIP, you must consistently maintain the improved performance level or else may be subject to further disciplinary action.

PRIOR COUNSELING

[[EMPLOYER NAME]/I/We] [has/have] raised the issues leading to this PIP on [several/[NUMBER]] prior occasions. Specifically:

- [DETAILS REGARDING PRIOR COUNSELING, WARNINGS, OR NOTICE, INCLUDING VERBAL COUNSELING, VERBAL WARNINGS, AND WRITTEN WARNINGS, WITH DATES.]
- [ADDITIONAL PRIOR COUNSELING, WARNINGS, OR NOTICE.]

PERFORMANCE AREAS NEEDING IMMEDIATE IMPROVEMENT

The following examples illustrate the areas where [I/we/[EMPLOYER NAME]] [have/has] concerns about your current performance and which require immediate improvement:

- [EXAMPLES OF PERFORMANCE AREAS OR TASKS SPECIFIC TO THE EMPLOYEE.]

[IMPACT OF PERFORMANCE ISSUES

Your performance issues have negatively impacted [EMPLOYER NAME]'s business, including:

- [The [TEAM OR DEPARTMENT]'s ability to meet its [SPECIFIC SERVICE OR PRODUCTION GOALS].]
- [The satisfaction of our [clients/customers].]
- [The quality of goods or services provided[, including [DESCRIPTION OF HOW PERFORMANCE IMPACTS QUALITY]].]
- [The timeliness of our delivery of [GOODS OR SERVICES AFFECTED].]
- [Placing additional workload burdens on other [TEAM OR DEPARTMENT] members.]
- [Employee morale.]
- [OTHER EXAMPLES OF BUSINESS IMPACT.]]

REQUIRED ACTION

You must improve your performance immediately. You can do this by completing the following objectives [by the following dates]:

- [SPECIFIC TASKS TO COMPLETE OR OBJECTIVES TO MEET, WITH DEADLINES FOR COMPLETION IF DESIRED.]
- [ADDITIONAL TASKS OR OBJECTIVES.]

While you remain on this PIP, you shall:

- Copy me on all emails and other communications regarding [PROJECT OR SUBJECT AREA OF CONCERN].
- [Meet with/Speak with/Update] me [weekly/biweekly/[OTHER INTERVAL]] regarding your progress on meeting the goals of the PIP.
- [OTHER ADMINISTRATIVE REQUIREMENTS OR RESTRICTIONS.]

If you need any clarification about these goals or objectives, please contact me [or [NAME], your HR representative] by [DATE THAT IS 3-5 BUSINESS DAYS AFTER PIP IS DELIVERED].

This document will be added to your personnel file [and maintained [in accordance with [EMPLOYER]'s document retention policy/for [NUMBER] years]].

Please contact me if you want to discuss these issues further or if you have any questions. We remain available any time if you need help in reaching or understanding your performance improvement goals.

ACKNOWLEDGMENT OF RECEIPT AND REVIEW

I acknowledge that I have read and understand the above information and consequences. I acknowledge that I have received a copy of this form (signature does not indicate agreement with counseling).

Employee Signature

Date

Supervisor or Manager Signature

Date

Copies to:

- Employee
- Personnel File
- [Human Resource Business Partner]