



## **Performance Improvement Plan**

**Employee Name:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Period Covered by PIP:** From : \_\_\_\_\_ To: \_\_\_\_\_

<p><b>Check One:</b> Letter of Counseling: _____ First Warning: _____ Second Warning: _____ Final Warning: _____ Suspension: _____ Other: _____</p>
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This Performance Improvement Plan (PIP) is intended to provide a framework for improvement in the identified performance areas within a reasonable amount of time. Listed below are the specific areas in need of immediate improvement. Following is an action that needs to be taken in order for you to successfully perform the specific function. It is mandatory that significant improvement is demonstrated in order for you to successfully perform the duties of a \_\_\_\_\_.

Job Title

The following areas are in need of immediate improvement and will be reviewed for consistency and/or completion over the next \_\_\_\_\_ days or no later than \_\_\_\_/\_\_\_\_/\_\_\_\_.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The following actions must be taken to demonstrate improvement in the above cited shortfall areas.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

To assist you in achieving your PIP goals, I would like to hold weekly/biweekly meetings to discuss your performance and to receive and provide feedback. Progress meetings will be held every \_\_\_\_\_ at \_\_:\_\_ am/pm.

This PIP document is in effect for \_\_\_\_\_ days. Failure to immediately improve and maintain acceptable levels of performance in your position will lead to further disciplinary action, up to, and including termination.

This plan does not constitute an agreement of employment, nor does it interfere with the existing Employment-at-Will policy.

I sincerely hope that we are able to work together to improve these particular performance areas. Please know that I am a resource to you and encourage you discuss your concerns and questions with me directly as we work through this plan.



For Departments Under Washington County Judge Marilyn Edwards

### **Performance Improvement Plan (cont.)**

**Employee Comments:** \_\_\_\_\_

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

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

*Signature acknowledges receipt and does not necessarily imply agreement with PIP content.*

cc: Human Resources  
Personnel File

### **Results of Performance Improvement Plan**

To be completed at the end of the plan period or sooner, if immediate and significant improvement has not been made.

- ☐ You have not fully corrected the performance problems, but have demonstrated significant progress and the program is being extended at my discretion:

Extend PIP by: \_\_\_\_ Days      Initials: \_\_\_\_ and \_\_\_\_ \_\_/\_\_/\_\_

Otherwise, the program is concluded as follows (check one):

- ☐ You have satisfactorily corrected the identified performance shortfalls and this PIP is therefore successfully concluded. Please be aware that a performance relapse may result in further disciplinary action up to and including termination, rather than another PIP.
- ☐ You have not made the required progress in addressing your performance shortfalls. Therefore, your employment will be terminated effective on \_\_/\_\_/\_\_. You will receive 3 days termination pay. Further information will be provided by HR regarding your departure.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head/Elected Official

cc: Human Resources  
Personnel File