Staff Performance and Development Review

Performance Improvement Plan

Employee Name:		Review Period: from	Jan 1, 20__	to	Dec 31, 20__
Employee IRIS#:		Position Title:			
Department:		Supervisor:			

Performance Improvement Plan (PIP): *This form is **required** for employees receiving an overall rating of **Unsatisfactory/Not Eligible for Across the Board increase.*** (To be completed by supervisor)

List the performance factor(s) from the Annual Performance Review form that require attention and describe the specific improvement(s) needed for the employee to Fully Achieve Expectations.

Job Standards Requiring Improvement (Define the problem):
Specific Improvement Needed (Identify what needs to be done differently):
Steps to Achieve this Improvement (Training, equipment, feedback, timeline, etc.):

Employee Comments:

Follow-up Discussions & Status:

(1) _____ Resolved: ☐ Yes ☐ No
Date

(2) _____ Resolved: ☐ Yes ☐ No
Date

(3) _____ Resolved: ☐ Yes ☐ No
Date

Signatures:

By signing below, I acknowledge that I have participated in the Performance Improvement Plan process and have received a copy of the plan.

(1) _____ _____
Supervisor's Signature Date

(2) _____ _____
Signature of next level Administrator Date

(3) _____ _____
Employee's Signature Date