

PERFORMANCE IMPROVEMENT PLAN (PIP)

A Performance Improvement Plan is required of employees whose performance evaluation overall rating is at or below **2.5** or when expected behaviors and/or expected job responsibilities are not being met. When necessary, performance improvement plans may be implemented throughout the year, not just in conjunction with annual performance evaluations. The Performance Improvement Plan lasts for a maximum of six months from the PIP beginning date.

Employee Name	Employee Title
Supervisor Name	
PIP Beginning Date	PIP Ending Date
Rationale for PIP	
Overall Evaluation Rating - Overal	Score Substandard Behavior(s) and/or Job Performance
INSTRUCTIONS FOR SUPERVISOR	
the improvement required and a tir	responsibility in need of improvement. For each entry, provide a description of neline for resolution. Once the PIP has been implemented, ongoing dialogues anducted with the employee until expectations are at an acceptable level of
Progress review to be held	beginning
	(Describe the employee's substandard behavior/performance, required
improvements, and specific steps nee	ded to meet expectations.)
#1 SUBSTANDARD BEHAVIOR/ PERFORMANCE	
IMPROVEMENT REQUIRED	
ACTION STEPS TO ACHIEVE IMPROVEMENT	
DATE TO BE RESOLVED	
#2 SUBSTANDARD BEHAVIOR/ PERFORMANCE	
IMPROVEMENT REQUIRED	
ACTION STEPS TO ACHIEVE IMPROVEMENT	
DATE TO BE RESOLVED	
#3 SUBSTANDARD BEHAVIOR/ PERFORMANCE	
IMPROVEMENT REQUIRED	
ACTION STEPS TO ACHIEVE IMPROVEMENT	
DATE TO BE RESOLVED	

	Behavior/Perform s, and specific step	· ·		, ,	substandard	behavior/pe	erformance,	required
#4 SUBSTANDA PERFORMANC	ARD BEHAVIOR/ E							
IMPROVEMENT	REQUIRED							
ACTION STEPS IMPROVEMENT								
DATE TO BE RESOLVED								
#5 SUBSTANDA PERFORMANC	ARD BEHAVIOR/ E							
IMPROVEMENT	REQUIRED							
ACTION STEPS IMPROVEMENT								
DATE TO BE RESOLVED								
#6 SUBSTANDA PERFORMANC	ARD BEHAVIOR/ E							
IMPROVEMENT	REQUIRED							
ACTION STEPS IMPROVEMENT								
DATE TO BE RESOLVED								
NOTES FOR EM	PLOYEE							
your areas of a improvements and must be	of Houston-Down deficiency. This p s will lead to discip maintained. If c ciplinary action, u	rocess requires of the color of	a comm p to and this impl	itment towa d including t rovement pl	rds improveme ermination. Im an is violated	ent. Failure to provement m	achieve the oust occur im	expected mediately
Please print ar	nd sign as required	d.						
Approvals:								
Supervisor					Date			
Next Level Sup	pervisor				Date			
Employee Relo					Date			
EMPLOYEE AC	KNOWLEDGEMEN	Т						
	document, you a essarily indicate th				nd the resulting	g action; howe	ever, your sign	nature
Employee Sigr	nature				Date			