

Employee's Name:	
Employee's Title:	
Employee's Department:	
Manager's Name:	
Manager's Title:	
PIP Effective Start:	
PIP Effective End:	

Substandard Behavior/ Job Performance	
Improvement Required	
Actions Steps to Achieve Improvement	
Date to Be Resolved	
Progress Report - Employee	
Progress Report - Management	

Please print and sign as required:

Employee
Print Name Date

Supervisor
Print Name Date

TO BE COMPLETED BY SUPERVISOR AT THE END OF THE PROCESS

- Employee has achieved the required improvement(s) described above.
- Employee has not achieved the required improvement(s) described above.

Supervisor

Date