

Performance Improvement Plan

Section I: Employee Information

EMPLOYEE'S NAME:	Last	First	Middle Initial
JOB TITLE:	SERVICE TYPE/GRADE:	RATING PERIOD:	
AGENCY NAME/AGENCY CODE		SUPERVISOR/RATER NAME:	
DATE ISSUED			

Section II: Information

This *Performance Improvement Plan* (PIP) is to inform the employee named above that his/her job performance fails to meet the minimum requirements of the position and to provide the employee with an opportunity to improve job performance in the specific areas described.

If the employee fails to improve his/her job performance and/or to meet required standards by the specified time period, the employee may receive a performance rating of "Inadequate Performer", and/or may be subject to reassignment, demotion, or removal

NOTE: The supervisor must document, in the following sections, only those areas that are observed to be below the "Valued Performer" (3) rating level:

WHAT?	HOW?			WHEN?
Core Competencies (Check only those that apply)	Desired Outcome	Action Plan to Improve Performance	Results to Measure	Frequency of Monitoring
<input type="checkbox"/> COMMUNICATION Presents ideas and information verbally and in writing in a clear, concise manner. Shares information with and informs others on a timely basis using appropriate and easily understood language. Able to articulate agency mission and goals.				
<input type="checkbox"/> CUSTOMER SERVICE Partners with internal and external customers to provide quality service. Demonstrates consistent and continual adherence to all prescribed District customer service goals and standards. Treats all customers in a professional and courteous manner.				
<input type="checkbox"/> ACCOUNTABILITY Demonstrates personal responsibility for ensuring the completion of work assignments as prescribed. Uses District supplies, equipment, vehicles, uniforms, technology, etc. in an efficient manner, and appropriately reuses and discards these items.				
<input type="checkbox"/> GOAL ATTAINMENT Leverages knowledge of agency and District government vision, mission, and values to consistently execute duties and responsibilities. Capable of seeing the impact that day to day work has on the work of the team, agency, and District government overall.				
<input type="checkbox"/> JOB KNOWLEDGE Exhibits an understanding and knowledge of profession. Works to improve job knowledge by taking courses, becoming certified or licensed, maintaining certification or licensure, attending conferences, seminars, seeking out a mentor, etc.				

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Supervisory Competencies <i>(Check only those that apply)</i>	Desired Outcome	Action Plan to Improve Performance	Results to Measure	Frequency of Monitoring
<input type="checkbox"/> LEADERSHIP Creates and nurtures a performance-based culture that supports efforts to realize the District government's mission and accomplish its goals. Inspires, motivates, and guides others, and partners with others to ensure goals are met.				
<input type="checkbox"/> OPERATIONAL AND STRATEGIC PLANNING Contributes to the development, execution, and evaluation of the agency's strategic plan. Displays a keen awareness of and attention to short and long term goals, stakeholder interests, and exploring opportunities of cross-agency collaboration.				
<input type="checkbox"/> MANAGEMENT OF OTHERS Identifies the potential in others. Provides on going feedback to improve performance. Encourages meaningful career development opportunities for staff. Conducts full scope of performance management responsibilities to ensure a well-functioning staff.				
Additional Competencies (if included in the Performance Plan)	Desired Outcome	Action Plan to Improve Performance	Results to Measure	Frequency of Monitoring
<input type="checkbox"/> 1—(ADD DESCRIPTION)				
<input type="checkbox"/> 2 -- (ADD DESCRIPTION)				
<input type="checkbox"/> 3- (ADD DESCRIPTION)				

WHAT?	HOW?	WHEN?		
Deficient S.M.A.R.T. Goals <i>(Check only those that apply)</i>	Desired Outcome to Monitor	Action Plan to Improve Performance	Results to Measure	Frequency of Monitoring
<input type="checkbox"/> Goal #1 (ADD DESCRIPTION)				
<input type="checkbox"/> Goal #2 (ADD DESCRIPTION)				
<input type="checkbox"/> Goal #3 (ADD DESCRIPTION)				
<input type="checkbox"/> Goal #4 (ADD DESCRIPTION)				
<input type="checkbox"/> Goal #5 (ADD DESCRIPTION)				

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Section III: Signatures- Creation of PIP

INSTRUCTIONS: The Supervisor, Reviewer, and Employee are to sign in this section. The date should correspond with the date of issuance of the PIP.

NOTE: This PIP is based on my observations of the employee's performance and it has been discussed with the employee.	NOTE: This PIP was given to me and discussed with me on this date.
Supervisor's/ Rater's Name & Signature _____ Date _____	Employee's Name & Signature _____ Date _____
NOTE: I have reviewed the PIP.	
Reviewer's Name & Signature _____ Date _____	

Section IV: Supervisor/Manager Decision

INSTRUCTIONS: Supervisor must check appropriate box

OUTCOME OF PIP after 30 day period:

Recommendation:

1. Extend the PIP for another 30 days. Total PIP period may not exceed 90 days. ☐
2. Employee be reassigned, demoted, or removed from service. ☐
3. Employee has met the requirements of the PIP. No further action required at this time. ☐

Other/Comments

OUTCOME OF PIP after 60 day period:

Recommendation:

1. Extend the PIP for another 30 days. Total PIP period may not exceed 90 days. ☐
2. Employee be reassigned, demoted, or removed from service. ☐
3. Employee has met the requirements of the PIP. No further action required at this time ☐

Other/Comments

OUTCOME OF PIP after 90 day period:

Options:

1. Employee be reassigned, demoted, or removed from service. ☐
2. Employee has met the requirements of the PIP. No further action required at this time ☐

Other/Comments

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Section V: Signatures- Completion of PIP

INSTRUCTIONS: The Supervisor, Reviewer, and Employee to sign in this section. The date should correspond with the date of the completion of the PIP.

NOTE: I have documented the outcome of the PIP and I have provided a copy of it to the employee.		NOTE: I have received a copy of the PIP.	
Supervisor's/ Rater's Name & Signature	Date	Employee's Name & Signature	Date
NOTE: I have reviewed the outcome of the PIP.			
Reviewer's Name & Signature	Date		