

**PERFORMANCE IMPROVEMENT PLAN**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Supervisor:** |  |
| **Title:** |  | **Supervisor Title:** |  |
| **Department:** |  | **Date:** |  |

**INSTRUCTIONS**

This form is intended to be used as an aid to resolving performance problems where informal feedback and coaching have already been attempted but haven’t had the intended impact, and/or when the employee has received an unsatisfactory rating on their performance development evaluation form. To use this form, follow these steps:

1. Draft the form and submit it to Tammi Stuebe, Assistant Director of HR, or Kevin Thomas, Manager, Learning & Development.
2. Either the Director or Assistant Director of HR will call you to review the form and may recommend changes.
3. Meet with the employee to discuss the plan. You may choose to make minor changes to the plan based on this discussion.
4. Print the form and sign it along with your employee.
5. Submit the final signed form to HR.
6. Keep HR informed about improvement or the lack thereof in the time frame indicated.

**CURRENT PERFORMANCE**

Describe the employee’s current performance.

Describe the impact the current performance has on the work of the department, relationship with clients and stakeholders, etc.

Give specific examples, including the date of each occurrence:

|  |  |
| --- | --- |
| Example | Date |
|  |  |
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|  |  |

Describe the relevant standard operating procedures / departmental protocols connected with the performance problem.

Describe any performance feedback that the employee has received so far, giving the dates of these conversations or communications if possible.

**Corrective Action Plan**

Clearly define the standard of performance expected, as concretely as possible.

Describe who will monitor progress.

Describe the frequency of meetings to provide feedback to the employee on progress.

Describe how progress will be documented.

Describe training resources that are available.

Describe other supports available for improving performance.

Describe the timeframe by which performance progress must be demonstrated.

Describe the possible consequences for insufficient progress.

**Employee:**

*(Signing indicates you have received this performance improvement plan, not that you necessarily agree with it. You may attach comments to this plan that will become part of your personnel file.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Name:** |  | **Title:** |  |

 Check if you have attached comments to this document.

**Supervisor:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Name:** |  | **Title:** |  |