

**PERFORMANCE IMPROVEMENT PLAN (PIP)
CLASSIFIED EMPLOYEES**

Employee Name: _____ Date: _____

Position: _____ Location: _____

Department: _____ Supervisor/Evaluator: _____

This Performance Improvement Plan (PIP) is to address the deficiency/deficiencies identified in your recent verbal warning on _____ (date).

Area(s) in Need of Improvement

Standards/Expectations

Improvements Required (identify specific actions/tasks to be demonstrated)

Assistance/Resources (what is available to help employee meet the goals/expectations)

Progress/Follow Up meeting(s) to occur between Supervisor/Evaluator and employee by (select one or more):

- 30 days on or before _____
- 60 days on or before _____
- 90 days on or before _____

This PIP has been discussed with me by my Supervisor/Evaluator. I understand that my signature does not necessarily mean that I agree with this PIP. I know this PIP may become part of my personnel file and I have the right to respond in writing (CSEA Article 18).

Employee

Date

Supervisor/Evaluator

Date

Follow Up meeting held on: _____

- Satisfactory Completion of PIP Unsatisfactory Completion of PIP (will result in written warning)

Acknowledgement: The employee and Supervisor/Evaluator have discussed the completion/continuation of this PIP and the above- named employee has received a true and correct copy of this completed document.

Supervisor/Evaluator

Employee