Performance Improvement Plan

Complete this plan with HR before meeting the employee. Each performance issue must be described with specific examples and paired with a measurable target. Give the employee a copy at the meeting and keep the signed original in the personnel file.

EMPLOYEE AND PLAN DETAILS

Employee name

Job title

Department

Manager

HR representative

Plan start date

Plan end date

Plan length

☐ 30 days ☐ 45 days ☐ 60 days ☐ 90 days

BACKGROUND

Prior feedback given (dates and form: coaching sessions, one-on-ones, review ratings, written warnings)

Why a formal plan is needed now

PERFORMANCE ISSUE 1

Expected standard (as stated in the job description, policy or targets)

Current performance, with specific examples and data

Measurable target to reach by the plan end date

How and how often progress will be measured

PERFORMANCE ISSUE 2 (IF APPLICABLE)

Expected standard

Current performance, with specific examples and data

Measurable target to reach by the plan end date

How and how often progress will be measured

SUPPORT AND RESOURCES

Training, coaching or shadowing to be provided, with dates

Tools, access or workload changes

Who the employee can go to for help

CHECK-IN SCHEDULE AND LOG

Check-in frequency

☐ Weekly ☐ Every two weeks

Check-in 1 date

Check-in 1 progress and notes

Check-in 2 date

Check-in 2 progress and notes

Check-in 3 date

Check-in 3 progress and notes

Check-in 4 date

Check-in 4 progress and notes

POSSIBLE OUTCOMES

At the end of the plan, [Manager Name] and HR will review progress against each target. Possible outcomes are: (1) the targets are met and the plan closes, with performance expected to stay at that level; (2) clear progress has been made but the targets are not fully met, and the plan may be extended once by up to [number] days; or (3) the targets are not met, which may result in further disciplinary action, up to and including termination of employment.

This plan does not change the at-will nature of employment. The Company may take action before the plan end date if performance declines further or if there is misconduct unrelated to this plan.

EMPLOYEE COMMENTS AND SIGNATURES

Employee comments (optional)

☐ I have received and discussed this plan. My signature does not mean I agree with its contents.

Employee signature

Date

Date

Manager signature

Date

Date

HR signature

Date

Date

PLAN OUTCOME (COMPLETED AT THE END DATE)

Outcome

☐ Targets met, plan closed ☐ Plan extended ☐ Targets not met, further action

Summary of results against each target

Manager signature

Date

Date