



## ADOM Performance Improvement Plan (PIP)

**Confidential**

<b>Name:</b>	<b>Position:</b>
<b>Date:</b>	<b>Department:</b>
<b>AASIS Personnel Number:</b>	<b>Supervisor Yes or No (Please Circle)</b>
<b>Supervisor:</b>	<b>Supervisors Title:</b>

The purpose of this Performance Improvement Plan (PIP) is to define performance deficiencies, clarify performance expectations, and allow you the opportunity to demonstrate your ability to meet the performance expectations outlined below. To facilitate sustained improvement, the following plan has been established. This plan may be modified as necessary depending on your progress.

### Description of Performance Deficiencies:

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### Previous Discussions:

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**Step 1: Improvement Plan:** These are the expectations related to performance deficiencies to be improved and addressed.

1.	
2.	
3.	
4.	

**Step 2: Resources:** Listed below are resources available to you to complete your Improvement activities.

1.	
2.	
3.	

**Step 3: Progress Updates:** Performance will be monitored by Management with regular follow-up meetings.

Date	Comment	Manager	Employee

**Timeline for Improvement, Consequences & Expectations:**

Effective immediately, you are placed on a ( \_\_\_\_\_ )-day(s) PIP. During this time you will be expected to progress on the plan outlined above. Failure to meet or exceed these expectations, or any display of gross misconduct may result in action up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be immediately terminated prior to ( \_\_\_\_\_ ) days. Failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination. The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential. Should you have questions or concerns regarding the content, you will be expected to follow up directly with your supervisor. You are expected to meet with your supervisor to review your progress. The dates of such meetings are listed above. Please schedule accordingly.

By signing below, you acknowledge that you and your supervisor has discussed this performance improvement plan.

**Signatures:**

Print Employee Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Supervisor/  
Manager Name: \_\_\_\_\_ Supervisor/  
Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Conclusion:**

\_\_\_\_\_ Employee has achieved required improvements as described above.

\_\_\_\_\_ Employee has not achieved required improvements as described above.

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Comments:**