

EMPLOYEE NAME:		EMPLOYEE ID#: (six-digit employee number)	
JOB TITLE:		UNIT:	
REVIEWED BY:		DATE OF INITIAL PIP REVIEW:	
PIP REVIEW PERIOD:	FROM:	TO:	

The purpose of this Performance Improvement Plan is to assist you with correcting performance discrepancies. If there are any additional resources you may need or concerns that may prevent you from meeting the performance expectations listed below please let me know immediately.

SECTION I - PERFORMANCE STANDARDS/EXPECTATIONS

List the performance results that are expected. The standards should communicate observable, specific indicators of successful performance expressed in terms of Quantity, Quality, Timeliness, Cost, Safety, or Outcomes.

SECTION II - PERFORMANCE DISCREPANCIES

List specific examples of the unsatisfactory performance that require immediate improvement. The discrepancies should reflect performance gaps between expected results and current observed performance.

SECTION III - ACTION PLAN

List the action steps that will be taken by the employee and the supervisor. The action steps should be aimed at correcting the employee's performance. Reference S.M.A.R.T. guidelines.

Progress towards these requirements will be assessed (daily, weekly, monthly). These performance discrepancies are serious and failure to make immediate and sustained improvement in your work performance will result in further corrective action up to and including termination of employment with Georgia Institute of Technology. The completed PIP will be stored in your OHR personnel file.

In addition, should it become evident that there is no significant measurable improvement made prior to the completion of the (30, 60, 90) calendar day Performance Improvement Plan Cycle, then we will take immediate action up to and including termination.

SECTION IV - PIP ESTABLISHMENT SIGNATURES:

The signatures below indicate that the supervisor and employee have discussed the above performance improvement expectations.

Employee's Signature:	Date:
Reviewer/Supervisor's Signature:	Date:
Manager's Signature:	Date:
HR Representative's Signature:	Date:

SECTION V - FOLLOW UP REVIEW:

- Employee has successfully improved performance as described in Section I, Section II and Section III. Continued and sustained improvement is required in effort to maintain satisfactory performance.
- Employee has failed to improve performance as described in Section I, Section II and Section III.

SECTION VI – FOLLOW-UP REVIEW SIGNATURES:

The signatures below indicate that the supervisor and employee have discussed the completed performance improvement plan. A signature indicates the review has occurred; not necessarily agreement with the results.

Employee's Signature:	Date:
Reviewer/Supervisor's Signature:	Date:
Manager's Signature:	Date:
HR Representative's Signature:	Date: