City of Johnson City Employee Performance Improvement Plan

A Performance Improvement Plan (PIP) is designed to facilitate constructive discussion between an employee and their supervisor and to clarify the exact work performance requiring improvement.

It is implemented when it becomes necessary to help an employee improve their performance. The supervisor, with input from the affected employee, develops an improvement plan; the purpose of the goals outlined is to help the employee to attain the desired level of performance. However, failure to make expected improvements may result in further disciplinary action, up to and including termination of employment.

Employee Name:______ Job Title: _____

Dept:

Meeting Date:

| Supervisor Name: | | _ | | |
|--|------------------|------|--|--|
| Standard(s) of Performance Reviewed: (check all that apply): | | | | |
| [] Productivity |] Efficiency | | | |
| [] Teamwork |] Quality | | | |
| [] Attendance |] Conduct | | | |
| [] Other (define): | | | | |
| | | | | |
| | | | | |
| Improvement Plan (what is to be improved upon, what is the expected outcome, and in what timeframe): | | | | |
| Performance to Improve | Expected Outcome | Date | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Acknowledgment: | | | | |
| Employee (signature): | Date: | _ | | |
| Supervisor (signature): | Date: | _ | | |

Periodic Review Notes Most PIP's require a formal 3 and/or 6 month review, depending on time to make improvements given.

| Comments | Employee Initials | Supervisor Initials | Date |
|--|-----------------------|-------------------------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| CHECK ONE: [] Performance Action Plan satisfactorily comp [] Corrective Action Required (attach and subr | | rces) | |
| Failure to meet and sustain improved performar termination. Corrective action may be taken in content of the co | nce may lead to furth | er disciplinary action, | |
| Reviewed and accepted by- | | | |
| Employee (signature): | D | ate: | |
| Review completed by- | | | |
| Supervisor (signature): | C | Oate: | |
| Performance Action Plan reviewed by- | | | |
| Department Manager (signature): | 1 | Date: | |
| Human Resources (signature): | | Date: | |

This performance plan is not intended to be an employment contract or guarantee of continuing employment.