

# APPENDIX H PEFORMANCE IMPROVEMENT PLAN (PIP)

<b>EMPLOYEE NAME:</b>		<b>SOCIAL SECURITY NO.:</b>	
<b>POSITION TITLE:</b>		<b>DEPARTMENT:</b>	
		<b>DIVISION:</b>	
<b>RATING PERIOD:</b>	<b>FROM:</b>	<b>TO:</b>	
<b>PERIOD (60 DAYS MAX):</b>	<b>FROM:</b>	<b>TO:</b>	
<b>SUPERVISOR:</b>		<b>REVIEWER:</b>	

JOB STANDARD NOT MET	IMPROVEMENT NEEDED	SPECIAL ASSIGNMENT	PLANNED DATES	DATES COMPLETED
JOB STANDARD NOT MET	IMPROVEMENT NEEDED	SPECIAL ASSIGNMENT	PLANNED DATES	DATES COMPLETED
JOB STANDARD NOT MET	IMPROVEMENT NEEDED	SPECIAL ASSIGNMENT	PLANNED DATES	DATES COMPLETED

<b>EMPLOYEE:</b>	<b>EMPLOYEE'S COMMENTS:</b>
Employee's Signature / Date	
<b>SUPERVISOR:</b>	<b>SUPERVISOR'S COMMENTS:</b>
Supervisor's Signature / Date	