

### Performance Improvement Plan (PIP)

<b>Employee Name:</b>	<b>EID:</b>
<b>Start Date:</b>	<b>End Date (90 day max):</b>
<b>Supervisor:</b>	

Provide in detail the job duties not being met satisfactorily:

Provide a detailed improvement plan (Include completion/due dates, quality and timeliness measures, progress review methods and scheduled meeting dates. Identify training or other resources to be provided.)

Supervisor's Signature:	Date:
Reviewer's Signature:	Date:
Employee's Signature: (Signature acknowledges receipt of PIP and discussion of expectations)	Date:

**The employees' failure to improve their performance during or prior to the conclusion of the PIP may result in disciplinary action up to and including termination in accordance with the DHRM Policy 1.60, Standards of Conduct.**

Eff:1/1/2026