

Human Resources & Payroll 4400 University Drive, MS 3C3, Fairfax, Virginia 22030 Phone: 703-993-2600; Fax: 703-993-2601

Performance Improvement Plan (PIP)

To: (Name of Employee, Position Title, G#)

From: (Name of Supervisor, Dept.)

Date:

Start with an intro that outlines the reason for the PIP. State the length of time that this PIP is "active". Reference the upcoming performance evaluation and cite areas of concern.

Performance Deficiencies/ Areas for Improvement

Highlight what the employee is not doing in performance of their job. Pull these from the last performance evaluation and link them to the competencies or KSA's (Knowledge, Skills, and Abilities) which are part of the Employee Work Profile (EWP) or Position Description. For example, this can be (1) failure to be responsive to supervisor and/or colleagues, (2) unexplained absences, (3) failure to commit time to attainment of necessary training, certification, professional development, etc.

Performance Expectations

Highlight specifically what it is you want the employee to do – how you expect them to perform their job. This may be things that are more general in nature or more specific to their job. For example, it may be something like "Complete work orders and conduct necessary follow-up if required" or more specifically, "Communicate planned absences with supervisor and get approval"

Reiterate the length of time the performance improvement plan is active – or the time period in which you expect to see the employee address and improve his/her performance/behavior. Include a schedule of meetings where you two will discuss the employee's progress, any challenges or impediments the employee has encountered, and actively problem solve. You may also want to reiterate any systems you all have put in place to deal with the problems.

State that while it is your intent to work with him/her to help improve the performance, it is also his/her responsibility to bring problems to your attention and seek help in addressing them where necessary.

Signature below acknowledges receipt of this document, discussion of the items contained in the document, and agreement to participate in the Performance Improvement Plan.

Supervisor Signature

Date

Employee Signature