



Performance Improvement Plan

Employee Name _____

Position _____

Department _____

Date of PIP Discussion ____________

Attach Current Job Description (if needed, please contact Human Resources at (509) 313-5996)

Directions:

1. Develop an action plan for the top priorities identified.
2. Action plan objectives should be agreed upon between the employee and supervisor.
3. Modify the form as needed to fit your unique context.
4. Keep copies handy to utilize during regular one-on-one meetings to review and update regularly.

Key Areas Identified	Action Steps <i>What Will Be Done?</i>	Timeline <i>By When? (Day/Month)</i>	Resources <i>A. Resources Available B. Resources Needed</i>	Responsibilities <i>Who Will Do It?</i>	Training Resources www.gonzaga.edu/eod
1:			A. B.		
2:			A. B.		
3:			A. B.		

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____



Periodic Review Notes

Date	Comments	Employee	Supervisor

CHECK ONE:

☐ Employee has satisfactorily met the expectations of the PIP completed on ____/____/____

☐ Corrective Action Required (*attach and submit to Human Resources*)