**PERFORMANCE IMPROVEMENT PLAN (PIP)**

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| --- | --- | --- | --- |
| Employee Name |  | Starting Date of PIP: |  |
| Job Title: |  | Review Period: |  |
| Supervisor |  | Next Scheduled Meeting Date: |  |

| **EMPLOYEE JOB PERFORMANCE IMPROVEMENT PLAN** | | |
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| **MAJOR GOAL/OBJECTIVE** | **DESIRED PERFORMANCE EXPECTATION** | **CURRENT PERFORMANCE/RESULT** |
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| Additional Training: | | | |
| Supervisor Notes/Comments: | | | |
| PERFORMANCE OF ALL OTHER JOB DUTIES: | | | |
| SATISFACTORY /  LESS THAN SATISFACTORY | | | |
| BY SIGNING BELOW, THE EMPLOYEE ACKNOWLEDGES THAT HE/SHE WAS PRESENTED WITH THE ABOVE INFORMATION ON THE DATE INDICATED AT THE TOP OF THIS FORM, AND THAT HE/SHE WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK WITH REGARD TO THIS STAGE IN THE PIP PROCESS. | | | |
|  |  |  |  |
| SUPERVISOR SIGNATURE | DATE | EMPLOYEE SIGNATURE | DATE: |
| I also want to make you aware of the Employee Assistance Program (EAP) which serves as a free, confidential referral service for obtaining outside services to support your well-being and resilience in work and life. Information about the program is available on the DPM website at <https://dpm.wi.gov/Pages/Employees/BnWellness.aspx>. | | | |