

Performance Improvement Plan

Confidential. Fill every field with specific facts and dates, not opinions.

1. Employee and plan details

Employee name	Job title
Department	Direct manager
HR contact	Date plan issued

2. Plan period

Start date	End date	Plan length
		☐ 30 days ☐ 60 days ☐ 90 days

3. Performance gap (specific incidents with dates)

Date	Incident or shortfall	Standard expected

4. Goals (specific, measurable, achievable, relevant, time-bound)

#	Goal	Target or measure	Deadline
1			
2			
3			
4			

5. Support the company will provide

- ☐ Training or courses
- ☐ Clearer workflow or instructions
- ☐ Tools or resources
- ☐ Coaching or mentor
- ☐ Reduced or adjusted workload
- ☐ Other (describe below)

Details (what, who provides it, by when)

6. Check-in schedule and progress record

Date	Attendees	Progress against goals and next steps

7. Outcomes

If the goals are met

If the goals are partly met

If the goals are not met

8. Discussion and signatures

Employee comments (optional)

A signature confirms this plan was discussed with the employee. It does not mean the employee agrees with every point.

Employee signature

Manager signature

HR signature

Date

Date

Date