



Madison County HR

Because all people matter.

100 Northside Square, Suite 753

Huntsville, AL 35801

P: 256-532-3614 / F: 256-532-3322

Performance Improvement Plan (PIP)

Employee Name:

Employee Number:

Meeting Date:

Dept:

Supervisor Name:

Standard(s) of Performance Reviewed:(check all that apply):

Productivity

Efficiency

Teamwork

Quality

Attendance

Conduct

Other (define):

Specific examples of current performance under review:

Improvement Plan (what is expected, how it should be accomplished, and in what timeframe):

Timeframe of Plan:

Begin Date:

End Date:

Acknowledgment:

Employee (signature):

Date:

Supervisor (signature):

Date:

Periodic Review Notes

Comments	Employee Initials	Supervisor Initials	Date
1.			
2.			
3.			
4.			
5.			
6.			

Check One:

Performance Action Plan satisfactorily completed on: ____/____/____

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

Failure to meet and sustain improved performance may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance plan.

Reviewed and accepted by:

Employee (signature): _____ Date: _____

Review completed by:

Supervisor (signature): _____ Date: _____

Performance Action Plan reviewed by:

Department Manager (signature): _____ Date: _____

Human Resources (signature): _____ Date: _____

This performance plan is not intended to be an employment contract or guarantee of continuing employment.

Copy: Employee

Original: Personnel File