

THIS HEADER MUST BE REMOVED PRIOR TO USE. PLEASE ONLY RELEASE THIS DOCUMENT IN PDF FORMAT. RED TEXT NEEDS TO BE CUSTOMIZED PRIOR TO PRESENTATION TO EMPLOYEE. BOLDED RED TEXT PROVIDES ADDITIONAL GUIDANCE AND NEEDS TO BE REMOVED PRIOR TO PRESENTATION TO EMPLOYEE.

Performance Improvement Plan TEMPLATE

Date

Dear **First Name**:

As we discussed on **Date**, I am concerned about your ability to meet the standards necessary for successful performance of your position as **Position Title**. I advised you regarding the seriousness of the situation and this memorandum is written as a **[30/60/90 – include based on whichever is most reasonable]** day Performance Improvement Plan designed to focus your attention on substantially improving your performance in several key areas.

My specific concerns about your performance are **[list deficiencies, i.e. effectively communicate with team members, etc.]**. Some examples include: **[Provide specific examples of failure to meet performance expectations/objectives/assignment deadlines – include dates times and additional relevant information, as well as, specifics on previous conversations/coaching provided regarding performance concerns. Add quantitative objectives, as applicable]**

- a.
- b.
- c.

It is essential that you make immediate, consistent and sustained improvements in your performance, and meet the following acceptable performance standards **[List fair and attainable objectives/action items and expectations clearly that and could reasonably be accomplished within the required time frames. Where applicable, include due dates by which specific action items/tasks/assignments need to be completed]**:

- a.
- b.
- c.

I will monitor your progress against the criteria outlined above over the next **[30, 60 or 90 days]** as well as, review your overall performance on an ongoing basis. Please contact me if you have any questions or need to seek assistance in removing roadblock(s) which may hinder your progress. **[Optional: I will meet with you on a regular basis twice a week/once a week/once a month over the next 30/60/90 days to discuss your progress]**. If your performance does not show immediate, consistent and sustained improvement, your employment will be subject to additional disciplinary action, up to and including termination of employment.

Please note that this document in no way alters your at will relationship with your company and you have the right to terminate your employment at any time, with or without cause or advance notice, and we may terminate your employment at any time, with or without cause or advance notice.

As a reminder, Clear Employer Services offers a robust Employee Assistance Program (EAP) and I encourage you to take advantage of the completely confidential counseling and referral service.

It is my sincere desire that you address the areas of concern that I have noted and demonstrate your capabilities to meet the requirements of the position.

Sincerely,

Name of Manager
Position Title

RECEIPT ACKNOWLEDGED:

Employee Signature

Date of Receipt

Cc: Corporate Human Resources
Employee File