

### HLC Accreditation Evidence

- Performance Improvement Plan
  - Template
  - o Example

### **URL**:

https://docs.bartonccc.edu/procedures/2481-faculty\_eval\_process.pdf

## Office of Origin:

• Human Resources

## Contact(s):

Director of Human Resources

Date	Initials

# Performance Improvement Plan (PIP) Confidential

ions, and allow the opportunit		rns, note gaps in work performance, define nprovement and commitment.
		ve adversely affected job performance, co-
	Resulting Is	sues
	T toodining to	
Area of Concern	Sum	mary of How Concern Was Addressed
als to Address Areas of Con	cern	
	evious Discussions or Coach dressed in the recent/relevant  Area of Concern	Resulting Is  evious Discussions or Coaching Sessions: Reddressed in the recent/relevant past.

Goal #	Activities and Actions	Start Date	Projected Completion Date
1.			Buto
2.			
3.			
4.			

	urces/Management Supp vement activities.	ort: Listed belo	w are resources availabl	e to assist you in	completing your
1.					
2.					
3.					
	ess Checkpoints: The for vernent activities.	ollowing schedul	e will be used to evaluate	e your progress ir	n meeting your
Goal	Activity	Checkpoint	Type of Follow-up	Progress	Notes
#	,	Date	(memo/call/meeting)	Expected	
1.					
2.					
3.					
4.					
5.					
Follov	v-up Notes:				
1.					
2.					
3.					
4.					
5.					
Timeli	ne for Improvement, Co	nsequences &	Expectations:		
	ve immediately, you are p this time you will be expe				
action, expect	e to meet or exceed these , up to and including termi tations and goals will be n	nation. In additinet within	on, if there is no significa eline indicated in this PII	int improvement t ⊃, your employme	o indicate that the ent may be terminated
the PII	o completion of this PIP. I P may result in additional yment-at-will relationship.	disciplinary actic	on up to and including ter	mination. The PI	P does not alter the
	d you have questions or corisor as identified below.	oncerns regardir	ng the content, you will be	e expected to follo	ow up with the
Signa	tures:				
Emplo	yee Name:				
Emplo	yee Signature:			Date	:
Super	visor/Manager Name:				
Super	visor/Manager Signature:			Date	٥٠.

PIP Wrap-up (Check One):		
☐ Performance Improvement Plan satisfactorily completed on _	<del>.</del>	
☐ Performance Improvement Plan unsuccessfully completed. F	uture correction action	
Employee Name:		
Employee Signature:	Date:	
Supervisor/Manager Name:		
Supervisor/Manager Signature:	Date:	

Please note: Before presenting the PIP to the employee, it must be reviewed and approved (initialed and dated at the top of page 1) by the chain-of-command up through the appropriate Dean/Vice President, the Vice President of Administration and the Director or Assistant Director of HR. In the case of direct reports to the President, it must be reviewed and approved by the President, the Vice President of Administration and the Director or Assistant Director of HR.

A copy of the initial PIP along with any updates must be sent to the Office of Human Resources for inclusion into the employee's personnel file. At the conclusion of the PIP, the original PIP must then be sent to the Office of Human Resources to replace the copies on file.

Date	Initials
1/12/15	AMH
1/12/15	JAK
1/13/15	MED
1/14/15	PSQ

# Performance Improvement Plan (PIP) Confidential

TO: Mary Employee FROM: Sally Supervisor

DATE: 1/15/15

The purpose of this PIP is to document serious employment concerns, note gaps in work performance, define the College's expectations, and allow the opportunity to demonstrate improvement and commitment.

**Areas of Concern:** Actions (or inactions) and/or behaviors that have adversely affected job performance, coworkers, students, partners, constituents and/or the College.

Are	ea of Concern	Resulting Issues
1.	Overtime hours being worked without supervisory approval as required under college procedure.	Violation of college procedure and unapproved increase in labor costs.
2.		
3.		
4.		
5.		

**Observations, Previous Discussions or Coaching Sessions:** Recap of date and time an area of concern has been previously addressed in the recent/relevant past.

Date and Time	Area of Concern	Summary of How Concern Was Addressed
10/1/14; 10:00 AM	Overtime hours being worked without supervisory approval as required under college procedure.	A face-to-face meeting was scheduled with Mary to discuss the area of concern and expectation that Mary would get supervisor authorization before working any overtime.

#### **Improvement Goals to Address Areas of Concern**

1.	Beginning immediately, no overtime hours will be worked without supervisory approval.
2.	
3.	
4.	
5.	

**Activities and Actions to Help You Reach Your Goals:** The following activities/actions must be accomplished in order to demonstrate your progress towards achievement of each improvement goal.

Goal #	Activities and Actions	Start Date	Projected
			Completion
			Date

1.	By using the Microsoft Excel daily task list template, keep an electronic daily task list of all work assignments that is also accessible by your supervisor.	1/16/15	Ongoing from this point forward.				
2.							
3.							
4.							
5.							
	Resources/Management Support: Listed below are resources available to assist you in completing your mprovement activities.						
1.	For more information on the Microsoft Excel daily task list template go to: https://templates.office.com/en-us/Daily-task-list-TM00000003						
2.	<u> </u>						
3.		·					

**Progress Checkpoints:** The following schedule will be used to evaluate your progress in meeting your improvement activities.

Goal #	Activity	Checkpoint Date	Type of Follow-up (memo/call/meeting)	Progress Expected	Notes
1.	Development of daily task list	1/19/15	Electronic access of daily task list by supervisor	Up-to-date daily task list and no unauthorized overtime worked	
2.	Face-to-face meeting to discuss progress	2/15/15			
3.	Face-to-face meeting to discuss progress	3/15/15			
4.	Face-to-face meeting to discuss progress	4/15/15			
5.	_				

#### Follow-up Notes:

1.	
2.	
3.	
4.	
5.	

### Timeline for Improvement, Consequences & Expectations:

Effective immediately, you are placed on a ☐ 30-day, ☐ 60-day, ☐ 90-day, ☐ 120-day, ☐ 180 da	y PIP
During this time you will be expected to make regular progress on the plan outlined above.	

Failure to meet or exceed these expectations, or any display of gross misconduct will result in further disciplinary action, up to and including termination. In addition, if there is no significant improvement to indicate that the expectations and goals will be met within the timeline indicated in this PIP, your employment may be terminated prior to completion of this PIP. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination. The PIP does not alter the employment-at-will relationship. Additionally, the contents of this PIP are to remain confidential.

Should you have questions or concerns regarding the content, you will be expected to follow up with the supervisor as identified below.

Signatures:	
Employee Name: Mary Employee	
Employee Signature:	Date:
Supervisor/Manager Name: Sally Supervisor	
Supervisor/Manager Signature:	Date:
PIP Wrap-up (Check One):  ☐ Performance Improvement Plan satisfactorily completed on ☐ Performance Improvement Plan unsuccessfully completed. Fu  Employee Name:  Employee Signature:	iture correction action
Supervisor/Manager Name:	
Supervisor/Manager Signature:	Date:

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