

# Personal Improvement Plan (PIP)



## Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

## Type of Notice

Prior Verbal Warning Reason(s): \_\_\_\_\_  
Written Warning Reason(s): \_\_\_\_\_

## Type of Offense

Tardiness/Leaving Early Absenteeism Violation of Policies/Procedures  
Substandard Work Violation of Safety Rules Inappropriate Behavior  
Other: \_\_\_\_\_

## Details

**Explanation :**

**Impact:**

**Plan for Improvement:**

Areas of Interest:	Plan of Action:	Notes:

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## Consequences/ Timelines

### Acknowledgement of Receipt of Personal Improvement Plan

*By signing this form, you confirm that you understand the information in this Personal Improvement Plan. You also confirm that you and your manager have discussed the plan for improvement. Signing this form does not necessarily indicate that you agree with this PIP.*

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*Employee Signature*

*Print Name*

*Date*

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*Supervisor Signature*

*Print Name*

*Date*