

| Employee Name: | |
|-------------------|--|
| Employee Title: _ | |

Purpose: Your performance is currently below expectations and does not meet the primary objectives for this position. The key areas that need improvement are listed below. The PIP has been established to provide you with a tool to focus on areas that need improvement to successfully meet the requirements of this position. This Check-In form is intended to provide employee updates on assigned goals and supervisor feedback during the PIP period.

| Performance Improvement Needed | Meeting | Comments |
|--|---------------|--|
| | Date: | |
| 1. Performance Improvement Area/Issue: | Goal Met? | 1. Employee Updates: |
| Goal: | 🗌 No | |
| | 🗌 In Progress | |
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| | | Feedback (This section is to be completed by the supervisor only): |
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Performance Improvement Plan

Check-In Form

| Performance Improvement Needed | Meeting | Comments |
|--|-------------|--|
| | Date: | |
| 2. Performance Improvement Area/Issue: | Goal Met? | 1. Employee Updates: |
| Goal: | 🗌 No | |
| | In Progress | |
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| | | Feedback (This section is to be completed by the supervisor only): |
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| | Performance Improvement Needed | Meeting | Comments |
|----|-------------------------------------|-------------|--|
| | | Date: | |
| 3. | Performance Improvement Area/Issue: | Goal Met? | 1. Employee Updates: |
| | Goal: | 🗌 No | |
| | | In Progress | |
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| | | | Feedback (This section is to be completed by the supervisor only): |
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| | Performance Improvement Needed | Meeting | Comments |
|----|-------------------------------------|---------------|--|
| | | Date: | |
| 4. | Performance Improvement Area/Issue: | Goal Met? | 1. Employee Updates: |
| | Goal: | 🗌 No | |
| | | 🗌 In Progress | |
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| | | | Feedback (This section is to be completed by the supervisor only): |
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| Performance Improvement Needed | Meeting | Comments |
|-------------------------------------|-------------------------------------|---|
| | Date: | |
| Performance Improvement Area/Issue: | Goal Met? | 1. Employee Updates: |
| Goal: | 🗌 No | |
| | 🗌 In Progress | |
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| | | Feedback (This section is to be completed by the supervisor only): |
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| | Performance Improvement Area/Issue: | Performance Improvement Area/Issue: Goal Met? Goal: Improvement Area/Issue: |