**Performance Improvement Plan – Follow Up**

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| --- | --- |
| **Employee Name:** |  |
| **Supervisor Name:** |  |
| **Date of PIP Review:** |  |

**30 Day Follow-up Review: (to be completed within 30 days of PIP)**

Date of Follow-up discussion:

Employee has achieved the required improvement described in the PIP

Employee has not achieved the required improvement described in the PIP

The employee continues to have problems in the areas described below:

**60 Day Follow-up Review: (to be completed within 60 days of PIP)**

Date of Follow-up discussion:

Employee has achieved the required improvement described in the PIP

Employee has not achieved the required improvement described in the PIP

The employee continues to have problems in the areas described below:

**90 Day Follow-up Review: (to be completed within 90 days of PIP)**

Date of Follow-up discussion:

Employee has achieved the required improvement described in the PIP

Employee has not achieved the required improvement described in the PIP

The employee continues to have problems in the areas described below:

***Follow-up Review Acknowledgement:***

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Employee Signature Date

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Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources Signature Date