# INSTRUCTIONS FOR THE PERFORMANCE IMPROVEMENT PLAN (PIP)

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| **Step** | **🗹** | **Task** |
| 1 |  | Complete all fields as specified by text boxes: Name, Department, Job Title, Supervisor, Start and End Date. |
| 2 |  | The **Start & End Date** MUST have finite dates. A PIP is generally for 3 months, but can, on rare occasions, go to 6 months with authorization from Employee Relations. |
| 3 |  | You want to prioritize the most important concerns for the employee RIGHT NOW. Do not exceed 4 areas of concern. |
| 4 |  | **Competency/Objectives** are written with a specific outcome in mind. Objectives are tied to staff competencies. For example:   1. Customer Service - Increase response time to customers 2. Quality - Reduce number of typing errors 3. Self-Management - Take a more proactive role in daily duties |
| 5 |  | **Strategies** are HOW the employee will achieve the objectives. You can have more than one strategy for achieving an objective. For example (using above objectives):   1. Reduce time spent on personal calls 2. Take a typing course 3. Attend time management workshop |
| 6 |  | **Timeline/Due** is where you put a FINITE date. “Ongoing” is acceptable in the rarest of circumstances. You want to space out your improvement plan to build on each competency/objective. Contact Employee Relations for assistance. |
| 7 |  | **Met Due Date/Objective** is the column where you acknowledge progress of the employee. Have they met the deadline? Have they completed the deliverable? Were there any hiccups that prevented the employee from succeeding? |
| 8 |  | * Once you have drafted the PIP, contact Employee Relations for a required review. Once approved, present to employee. * Have employee sign off on PIP. Make a copy for employee. Scan and send signed copy to [EmpRelations@kean.edu](mailto:EmpRelations@kean.edu). * As the supervisor, you are required to follow-up with the employee at least bi-weekly on a 3 month PIP and monthly on a 6 month PIP. Employee Relations will be asking for your meeting notes. For guidance on conducting follow-up meetings, contact Employee Relations. |

*Should you have any questions on crafting a performance improvement plan, please contact Employee Relations at x73300.*

# PERFORMANCE IMPROVEMENT PLAN

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| Name: Click here to enter text. | Department: Click here to enter text. |
| Job Title: Click here to enter text. | Supervisor: Click here to enter text. |
| Start Date: Click here to enter a date. | End Date: Click here to enter a date. |

The supervisor must develop a plan and identify the areas in which the employee must show improvement, and outline the strategies that the employee may utilize in order to improve his/her performance in those areas. The employee and supervisor must sign the document, and a copy must be provided to the employee and to the Office of Human Resources. **\* This form can also be used at any point in a performance cycle should a decline in performance occur.**

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| **PRIORITY RANK** | **COMPETENCY/OBJECTIVE** | **STRATEGIES FOR ACHIEVING OBJECTIVE** | **TIMELINE/DUE** | **Met Due Date/Objective** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

Employee:

Supervisor:

Meeting Date: