# Performance Improvement Plan (PIP)

**\*\* Confidential \*\***

TO:

FROM:

DATE:

RE: Performance Improvement Plan (PIP)

*The purpose of this Performance Improvement Plan (PIP) is to define serious areas of concern, gaps in your work performance, reiterate* ***US Acute Care Solutions*** *expectations, and allow you the opportunity to demonstrate improvement and commitment.*

|  |  |
| --- | --- |
| Areas of Concern: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |  |
| --- | --- |
| Observations, Previous Discussions or Counseling | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

|  |  |
| --- | --- |
| **Step 1 - Improvement Goals:**  These are the goals related to areas of concern to be improved and addressed | |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
| --- | --- |
| **Step 2 - Activities:**  **These are activities (if applicable) that will help you reach your goals** | |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |  |
| --- | --- |
| **Step 3 - Resources:**  Listed below are resources available to you to obtain your goals (may include other people’s time or expertise, CME activities, funds for training materials and CME, or time away from usual responsibilities.) | |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
| --- | --- |
| **Step 4 - Expectations:**  The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement goal: | |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step 5 - 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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Follow-up Updates**:  You will receive feedback on your progress according to the following schedule | | | |
| **Date Scheduled** | **Activity** | **Conducted By** | **Completion Date** |
|  | 30-day Update |  |  |
|  | 45-day /60 day Update |  |  |
|  | 60 day/90 day Update |  |  |

## Timeline for Improvement, Consequences & Expectations

Effective immediately, you are placed on a **(insert 45, 60, or 90)**-day 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 your employment status will be reevaluated at that time.

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 directly with me.

We will meet again as noted above to discuss your Performance Improvement Plan. Please schedule accordingly.

## Signatures

Print Employee Name:

Signature:

Date:

Print Lead APP/Director of APPs Name:

Signature:

Date:

Print Campus Chair Name:

Signature:

Date: