DATE: XX/XX/20XX

TO: [Employee’ Name]

 [Position]

 [Division]

FROM: [Supervisor’s Name]

 [Position]

 [Division]

RE: Performance Improvement Work Plan

**Background:** You have been an Auditor’s Office (Insert Job Classification) since (Insert Date). As an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you perform duties in support of bureau programs and services. Your primary responsibilities include the following:

[Insert list or paragraph about duties and responsibilities]

As we discussed in a meeting on (Insert date, dates), your productivity is not meeting the expected standard for your position and needs to be improved. Based on our discussion, I am providing you with the following Performance Improvement Plan (PIP) with specific expectations and guidelines detailed below.

**In lieu of Disciplinary Action:**  summarize the current fact find issue and note that the PIP is in lieu of disciplinary action – provide Office reasoning…

**PIP Expectations:** Under the PIP you are expected to demonstrate technical and professional knowledge, skills, and proficiencies in the completion of your assigned duties. Over the duration of the PIP, you are expected to take the constructive feedback from your supervisor and lead worker and implement the feedback into your daily routine and execution of your duties. We should see measurable progress in the quality and quantity of your work. If specific training is needed, please advise your Supervisor and submit a training request form.

By the end of this PIP, you are expected to consistently be completing all of your assigned duties.

**PIP Duration:** Month XX, 20XX – Month XX, 20XX, (approx. 60 days)

**Review of Work:** For the duration of the PIP you and your Supervisor will meet weekly, on (enter week day), in a regularly scheduled meeting, to discuss your progress.

**PIP Expectations:**

[Insert duties and expectations for each]

**Summary:** It is the Office’s expectation that you will be able to meet all of the requirements set forth in this PIP.

**Employee Signature:**

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

Employee Date

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

Manager Date

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

Division Manager Date