

**PERFORMANCE IMPROVEMENT PLAN (PIP)
CLASSIFIED EMPLOYEES**

Regularly Scheduled Evaluation (attached) Off Evaluation Cycle
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Employee Name: _____

Date: _____

Job Classification: _____

Location: _____

MJC

CC

CS

Dept/Div.: _____

Immediate Supervisor: _____

The purpose of this Performance Improvement Plan (PIP) is to improve performance. The PIP defines areas in your work performance which need improvement, identifies requirements, and provides an opportunity to demonstrate improvement.

Goals/Expectations (define area(s) needing improvement)

Improvements Required (identify specific actions/tasks to be demonstrated)

Assistance/Resources (what is available to help employee meet the goals/expectations)

Progress/Follow Up meeting to occur between manager and employee (calendar days):

30 days on or before _____

PIP to be Completed by:

60 days on or before _____

Date: _____

90 days on or before _____

This PIP represents my best judgment of this employee's performance in the areas identified. I have discussed this Performance Improvement Plan with the employee.

Supervisor / Evaluator Date _____ Immediate Management

This PIP has been discussed with me by my Immediate Manager/ Evaluator. I understand that my signature does not necessarily mean that I agree with this PIP. I know this PIP may become part of my personnel file and I have the right to respond in writing (CSEA/YCCD Contract, Article 8).

Employee

Date

Follow Up meeting held on: _____

Satisfactory Completion of PIP

Continuation of PIP to date _____

Unsatisfactory Completion of PIP / to personnel file

(not to exceed 90 additional calendar days)

Acknowledgement: The employee and evaluator have discussed the completion/continuation of this PIP and the above named employee has received a true and correct copy of this completed document.

Immediate Management Supervisor / Evaluator

Employee