

City of Waterbury and Waterbury Public Schools

PERFORMANCE IMPROVEMENT PLAN (PIP)		
<p>Instructions: A Performance Improvement Plan must be issued when an employee receives an overall annual performance appraisal of less than satisfactory, i.e., either needs improvement or is unsatisfactory. It puts employees on notice that they have not been performing assigned work in accordance with the requirements of the position. As the City of Waterbury values its employees, it is our intent to make employees fully aware of their current situation, and to provide them with an opportunity to improve. However, it is important for them to understand that it is their responsibility to improve their performance.</p> <p>Notice to Employee: You are hereby being placed on a written Performance Improvement Plan. Your work will be closely monitored on an ongoing basis throughout the Evaluation Period by your Supervisor and Manager. Improvement in the areas that have been rated as needs improvement or unsatisfactory is required.</p>		
PIP Evaluation Period:	From:	To:
Employee Name:		
Position Title:		
Department:		
Work Location:		
Immediate Supervisor:		
Manager:		
Department Head:		
Areas for Improvement and Completion Date: (Attach additional sheets as needed.)	1.	
	2.	
	3.	
	4.	
Expected Results: (Attach additional sheets as needed.)	1.	
	2.	
	3.	
	4.	
<p>I have read the Performance Improvement Plan above. I, the undersigned, understand that my performance improvement must be immediate and sustained throughout the Evaluation Period. A formal Final Evaluation will be completed at the end of the Evaluation Period.</p>		
Employee's Signature:		Date:
Supervisor's Signature:		Date:
Manager's Signature:		Date:
Department Heads' Signature:		Date:
FINAL EVALUATION		
<p>The undersigned employee: has <input type="checkbox"/> has not <input type="checkbox"/> (check one) successfully completed their PIP.</p>		
<p>The undersigned employee's: PIP is <input type="checkbox"/> is not <input type="checkbox"/> (check one) being extended.</p>		
Employee's Signature:		Date:
Supervisor's Signature:		Date:
Manager's Signature:		Date:
Department Heads' Signature:		Date: