[COMPANY LETTERHEAD]

To:

[EMPLOYEE]

From:

[MANAGER]

Cc:

[HR REPRESENTATIVE] [and [HR BUSINESS PARTNER]]

Date:

[DATE]

**Re: Notice of Performance Improvement Plan (PIP)**

The purpose of this Performance Improvement Plan (PIP) is to formally address concerns regarding your performance as [TITLE] in the [DEPARTMENT/DIVISION] of [EMPLOYER NAME]. Your current performance does not meet expectations and requires immediate and sustained improvement. The issues outlined below have been previously communicated to you on multiple occasions.

Failure to demonstrate immediate and sustained improvement in your performance may result in further disciplinary action, up to and including termination of your employment. Additionally, even if you successfully complete the terms of this PIP, any failure to maintain the required performance levels may lead to further disciplinary measures.

**PRIOR COUNSELING**

We have previously addressed the concerns that have led to this PIP on [several/[NUMBER]] occasions. Specifically:

* [*DETAILS AND DATES REGARDING PRIOR COUNSELING, WARNINGS, OR NOTICE, WHETHER WRITTEN OR VERBA*L].
* [*ADDITIONAL PRIOR COUNSELING, WARNINGS, OR NOTICE*].

Despite these efforts, [the issues outlined in this PIP have persisted/your performance has not shown improvement]. Specifically:

* [*DETAILS REGARDING ISSUES PERSISTING AFTER COUNSELING*].

**PERFORMANCE AREAS REQUIRING IMMEDIATE IMPROVEMENT**

The following examples highlight specific areas of concern regarding your current performance. These are the areas that require immediate and sustained improvement:

• [*LIST SPECIFIC PERFORMANCE AREAS OR TASKS RELEVANT TO THE EMPLOYEE’S ROLE*].

**IMPACT OF PERFORMANCE ISSUES**

Your performance issues have had a negative impact on [EMPLOYER]’s operations, including but not limited to the following:

• [The [TEAM OR DEPARTMENT]’s ability to meet its *[SPECIFIC SERVICE OR PRODUCTION GOALS]*.]

• [Our [clients’/customers’] satisfaction.]

• [The quality of goods or services provided, including [*DESCRIPTION OF HOW PERFORMANCE IMPACTS QUALITY]*.]

• [The timeliness of delivering [*GOODS OR SERVICES AFFECTED*].]

• [Placing additional workload burdens on other [TEAM OR DEPARTMENT] members.]

• [Employee morale.]

• [OTHER EXAMPLES OF BUSINESS IMPACT].

These impacts underline the urgency of addressing and resolving the identified performance concerns.

**REQUIRED ACTION**

You must improve your performance immediately by completing the following tasks and achieving the outlined objectives [by the specified deadlines]:

• [*SPECIFIC TASKS OR OBJECTIVES, INCLUDING DEADLINES IF APPLICABLE*].

• [*ADDITIONAL TASKS OR OBJECTIVES*].

While on this PIP, you will be required to:

1. Copy me on all emails and other communications related to [*PROJECT OR SUBJECT AREA OF CONCERN*].
2. Provide updates on your progress [weekly/biweekly/[OTHER INTERVAL]] through [phone/email/in-person meeting/[OTHER METHOD]].
3. [*OTHER ADMINISTRATIVE REQUIREMENTS OR RESTRICTIONS, IF ANY*].

Failure to comply with these requirements or meet the performance standards outlined in this PIP may result in immediate termination of your employment.

If you have any questions or need clarification regarding these tasks, objectives, or the potential consequences for non-compliance, please contact me [or [HR REPRESENTATIVE]] no later than [*DATE THAT IS THREE TO FIVE BUSINESS DAYS AFTER THE PIP IS DELIVERED*].

**AT-WILL EMPLOYMENT STATUS**

This PIP, along with any prior communications regarding your performance—whether written or verbal—does not modify your at-will employment status with [EMPLOYER]. [EMPLOYER] retains the right to terminate your employment at its discretion, including before the completion of this PIP.

**PERSONNEL FILE**

This document will be placed in your personnel file and will be retained [in accordance with [EMPLOYER]’s document retention policy/for [NUMBER] years].

**CONTACT INFORMATION**

Please reach out to me if you have any questions or wish to discuss these issues further. We remain available to assist you at any time in understanding or achieving your performance improvement goals.

**EMPLOYEE ACKNOWLEDGMENT**

I acknowledge that I have read and understand the information outlined above, as well as the potential consequences of failing to meet the expectations set forth in this PIP. I also confirm that I have received a copy of this document.

Furthermore, I understand that my employment is at-will, meaning that I may resign at any time, and [EMPLOYER] may terminate the employment relationship at any time, with or without notice or cause. I understand that nothing contained in this PIP, or discussed in connection with this PIP, alters my at-will employment status.

Signature: ..................................

Employee Name: .............................

Date: ..........................