



ESSEX COUNTY GOVERNMENT
OFFICE OF HUMAN RESOURCES

Performance Improvement Plan
Confidential

TO:
FROM:
DATE:
RE: Performance Improvement Plan (P IP)

The purpose of this Performance Improvement Plan (IP) is to notify you that your work performance has been and is currently not at a satisfactory level, and to identify serious areas of concern in your work performance for Essex County Government, Essex County Animal Shelter. It will also identify worker expectations and allow you the opportunity to demonstrate improvement and commitment in your work performance.

Areas of Concern:

Observations, Previous Discussions or Counseling:

Improvement Goals/Behaviors and Tasks: These are the goals related to areas of concern to be improved and addressed:

1.
2.
3.
4.

Resources: Listed below are resources available to you to complete your Improvement activities (may include other people's time or expertise, funds for training materials and activities, or time away from usual responsibilities).

1.
2.
3.
4.

Management Support: Listed below are ways in which your manager will support your improvement activities:

1.
2.
3.

Expectations: The following performance standards must be accomplished to demonstrate progress towards achievement of each improvement goal:

1.
2.
3.

Follow-up Updates: You will receive feedback on your progress.

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Timeline for Improvement, Consequences & Expectations:

Effective immediately, you are placed on a 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 will result in disciplinary action, up to and including termination. Furthermore, failure to maintain performance expectations after the completion of the PIP may result in additional disciplinary action up to and including termination.

Should you have questions or concerns regarding the content, you will be expected to follow up directly with me.

Signatures:

Print Employee Name: _____

Employee Signature: _____

Date: _____

Print Supervisor/Manager Name: _____

Supervisor/Manager Signature: _____

Date: _____