SANTA MONICA COLLEGE

OFFICE OF HUMAN RESOURCES

PERFORMANCE IMPROVEMENT PLAN

Copies to:
☐ Employee
☐ Supervisor

EMPLOYEE NAME:	EMPLOYEE CLASSIFICATION:	SUPERVISOR NAME

This Performance Improvement Plan (PIP) is being created in an effort to assist you in improving your performance to the standards expected for your position. You will have the opportunity to provide input into to this PIP prior to its issuance to you. This PIP identifies the areas needing improvement and provides a clear outline for the level of performance that meets the Districts expectations of you as an employee. Your performance will be monitored during the *improvement timeframe* and your supervisor will meet with you in order to evaluate your progress in meeting these performance expectations. Specifically, the following areas are requiring immediate improvement:

Job Element	Related Task	Measurement	Performance Standard	Improvement Timeframe	Follow-up Date
Example: *Time & Attendance*	*Example:* *Observe Assigned Work Schedule*	*Example:* *8am-5pm*	*Example:* *Arrive to your workstation promptly at 8am daily*	*Example:* *90 days*	*Example:* *2/28/2020* *3/31/2020* *4/30/2020*

The areas outlined in this PIP have been designated as requiring improvement. The intent of this PIP to assist you in improving your performance to an acceptable level so that further intervention will not be necessary.

Your signature below confirms that you have received a copy of this PIP.

Signature	Date
Supervisor:	
Employee:	