**1. Employee Information** (Please Print/Type) **\* Required Field**

|  |  |
| --- | --- |
| **EMPLOYEE NAME\*** | **BADGE/PAYCOR EMPLOYEE NUMBER** |
|  |  |

**2. Instructions** (Please Print)

**EMPLOYEE:** Indicate the action item ID in the line below from the Performance Improvement Plan. Indicate any updates, follow-up or activities that support your progress toward completion of the action item. Submit any supporting documentation with this form.

**SUPERVISOR:** Please provide feedback and direction if the provided documentation does not satisfy the requirements of the work performance expectations. Indicate complete status if you agree and accept the support documentation to close this action item.

**3. Improvement Action Response** (Please Print/Type) **\* Required Field**

|  |  |
| --- | --- |
| **PIP ISSUE DATE\*** | **PIP ACTION ITEM NUMBER\*** |
|  |  |
| **EMPLOYEE RESPONSE:** Indicate comments, questions, activities performed and their status.\* |
|  |
| **SUPPORT DOCUMENT OR INFORMATION:** Indicate below. | **STATUS REQUEST\*** |
| [ ]  Attachment: Staple or Email with Form[ ]  Other: Note Here or Use Reverse Side of this Page | [ ]  Complete[ ]  Continue |
| **EMPLOYEE’S SIGNATURE\*** | **DATE\*** |
|  |  |

**4. Supervisor Response** (Please Print/Type) **\* Required Field**

|  |
| --- |
| **SUPERVISOR RESPONSE:** Provide comments, clarification, instructions, activities or indicate completion status. |
|  |
| **SUPPORT DOCUMENT OR INFORMATION:** Indicate below. | **RESPONSE OUTCOME**\* | **NEW DUE DATE** | **OPEN ITEMS** |
| [ ]  Attachment: Staple or Email with Form[ ]  Other: Note Here or Use Reverse Side of this Page | [ ]  Complete[ ]  Continue[ ]  PIP Complete |  |  |
| **EMPLOYEE’S SIGNATURE\*** | **DATE\*** |
|  |  |

Please sign and date below that you fully understand the status of this Action Item of the current Performance Improvement Plan.

**5. Signature** (Please Sign and Date) **\* Required Field**

|  |  |
| --- | --- |
| **EMPLOYEE’S SIGNATURE\*** | **DATE\*** |
|  |  |