

# PERFORMANCE IMPROVEMENT PLAN

This is a customizable starting template, not a finished legal document. Replace every [BRACKETED] field with your specifics, delete or adapt any clause that does not fit your situation, and have a licensed attorney in the governing jurisdiction review it before you or anyone else signs. CyberSygn is not a law firm and this template is not legal advice.

This Performance Improvement Plan (this "Plan") is issued as of [EFFECTIVE DATE] (the "Effective Date") by [COMPANY LEGAL NAME] (the "Company") to [EMPLOYEE NAME] (the "Employee"), who holds the position of [JOB TITLE] in the [DEPARTMENT] and reports to [MANAGER NAME] (the "Manager").

**Recitals.** The Company has identified specific areas in which the Employee's performance does not currently meet expectations for the role. The Company values the Employee's contribution and is providing this Plan to clearly define the expected standards, the support available, and a defined period in which the Employee is expected to demonstrate sustained improvement. This Plan is intended to help the Employee succeed. It does not change the at-will nature of the Employee's employment, where applicable. The Company and the Employee acknowledge the matters below.

## 1. Purpose and Scope

**1.1 Purpose.** This Plan documents the performance concerns, the specific improvements required, the resources and support the Company will provide, and the timeline and method for evaluating progress.

**1.2 Not a contract for a fixed term.** This Plan is a performance-management document. It does not create a contract of employment for any specific term and, where employment is at-will, does not alter that status. The Company may adjust, extend, or conclude this Plan as described below.

**1.3 Good-faith engagement.** Both the Employee and the Company commit to engaging with this Plan in good faith, with the shared goal of restoring performance to the required standard.

## 2. Performance Concerns

**2.1 Summary of concerns.** The specific performance concerns prompting this Plan are: [Describe each concern factually and specifically — e.g. missed deadlines, quality issues, attendance, communication, or behavior — with concrete examples and dates where available.]

**2.2 Prior feedback.** The Company has previously raised these or related concerns on the following occasions: [List prior conversations, reviews, or warnings with dates, or state "this is the first formal documentation."]

**2.3 Impact.** These concerns affect the team, customers, or business in the following ways: [Describe the impact of the performance gap.]

## 3. Expected Standards and Goals

**3.1 Performance standards.** During the Plan, the Employee is expected to meet the following standards: [List each standard clearly. For each, state what "meeting expectations" looks like in measurable terms.]

3.2 **Specific, measurable goals.** The Employee is expected to achieve the following goals during the Plan period: - **Goal 1:** [Describe goal, the measure of success, and the deadline.] - **Goal 2:** [Describe goal, the measure of success, and the deadline.] - **Goal 3:** [Describe goal, the measure of success, and the deadline.]

3.3 **Sustained improvement.** The Employee is expected not only to reach these goals but to maintain the required standard consistently during and after the Plan period.

## 4. Support and Resources

4.1 **Manager support.** The Manager will meet with the Employee on a [weekly / biweekly] basis to review progress, provide feedback, and answer questions. The first such meeting will occur on [DATE].

4.2 **Training and tools.** The Company will provide the following support: [List training, mentoring, documentation, tools, adjusted workload, or other resources the Company will provide.]

4.3 **Employee responsibilities.** The Employee is responsible for actively using the support provided, asking questions when expectations are unclear, and raising any obstacles to improvement promptly so they can be addressed.

4.4 **Accommodations.** If the Employee believes a disability, medical condition, or other protected circumstance affects performance, the Employee is encouraged to contact [HR CONTACT] so the Company can consider any appropriate accommodation in accordance with applicable law.

## 5. Plan Period and Review Schedule

5.1 **Duration.** This Plan runs for [NUMBER, e.g. 30 / 60 / 90] days, beginning on the Effective Date and ending on [END DATE] (the "Plan Period"), unless extended or concluded earlier under Section 6.

5.2 **Check-in milestones.** Formal progress reviews will take place on [INTERIM REVIEW DATE(S)] and a final review will take place on or about the end of the Plan Period.

5.3 **Documentation.** The Manager will document progress at each check-in and share that documentation with the Employee. The Employee may add written comments to the record at any time.

## 6. Possible Outcomes

6.1 **Successful completion.** If the Employee meets and sustains the required standards by the end of the Plan Period, the Plan will conclude and normal performance management will resume. Successful completion does not guarantee that performance concerns will not arise again or limit future performance management.

6.2 **Extension.** The Company may, in its discretion, extend the Plan Period if the Employee has made meaningful progress but has not yet fully met the standards.

6.3 **Further action.** If the Employee does not meet the required standards, or if performance declines further during the Plan Period, the Company may take further action up to and including reassignment, demotion, or termination of employment, in accordance with applicable law and Company policy.

6.4 **Serious or separate misconduct.** This Plan addresses performance. It does not limit the Company's ability to address misconduct or policy violations separately and at any time, including during the Plan Period.

## 7. Acknowledgment

**7.1 Receipt and discussion.** By signing below, the Employee acknowledges receiving and discussing this Plan with the Manager. The Employee's signature confirms receipt and understanding; it does not necessarily indicate agreement with the assessment.

**7.2 Opportunity to respond.** The Employee may provide a written response to this Plan within **[NUMBER]** days, which will be added to the Employee's record.

**7.3 Questions.** Questions about this Plan may be directed to the Manager or to **[HR CONTACT]**.

**ACKNOWLEDGED AND RECEIVED.**

EMPLOYEE	MANAGER
Signature: _____	Signature: _____
Printed name: <b>[EMPLOYEE NAME]</b>	Printed name: <b>[MANAGER NAME]</b>
Title: <b>[JOB TITLE]</b>	Title: <b>[MANAGER TITLE]</b>
Date: _____	Date: _____

**HUMAN RESOURCES (if applicable)**

Signature: _____
Printed name: <b>[HR REPRESENTATIVE NAME]</b>
Title: <b>[TITLE]</b>
Date: _____

*Template provided by CyberSygn. Not legal advice. CyberSygn is not a law firm. Consult a licensed attorney in your jurisdiction before relying on this document.*