

## Performance Improvement Plan

**Employee Name:** Employee on PIP

**Name and Title of Person** Reports to Manager  
**Creating Performance Improvement Plan**  
**(PIP):**

**Employee ID#:** 1234567

**Second Level Manager Name:** \_\_\_\_\_

**Beginning Date:** Record date here

**Unit Location** \_\_\_\_\_

**Target Date of Completion:** Record date here

Insert Employee's First Name

**(OPTIONAL STATEMENT- adjust as appropriate:** This Performance Improvement Plan has been developed to address specific concerns about your performance as documented in your Constructive Counseling dated \_\_\_\_\_).

Listed below are detailed, measurable goals and action steps for each of the performance areas of concern. It is important you understand that successful completion of this Performance Improvement Plan is essential. Immediate, sustained improvements and/or measurable results, where applicable, are expected in these areas. The same level of continued successful performance will be expected in all other areas of your performance. Failure to achieve appropriate levels of performance may result in constructive counseling up to and including the possible termination of your employment.

| Area for Improvement  | Action Steps   | Review Date(s) and Review Process   | Target Completion Date  | Comments  |
|---|--|---|---|---|
| Use this section to record the area for improvement and/or job task the employee needs to improve. Refer to the Development Planning page on Sodexo Net for more detail regarding competencies. | Use this section to record the actions the employee is to take to show sustained improvement. Use this section to also note how success will be measured. Refer to the Development Planning page on Sodexo Net for On The Job (OJT) activities that are appropriate to the improvement needed. | Use this section to record the date the reports to manager will review employee progress. | Use this section to record the date the reports to manager and employee agree that the sustained improvement will be completed. | Use this section to record comments and any notes for reference. Use the PIP Progress Report for periodic updates |

## Performance Improvement Plan

| Area for Improvement   | Action Steps   | Review Date(s) and Review Process   | Target Completion Date | Comments |
|--|--|---|------------------------|----------|
| <p>1. <b>Area to address:</b><br/><b>INTERPERSONAL RELATIONSHIPS</b></p> <p>The ability to develop and maintain professional, trusting, positive working relationships with clients, supervisors, staff, managers, customers, and vendors.</p> | <p>1. Be approachable, compromise, cooperate and take time to address employees' personal and professional needs, as well as client and customer concerns.</p> <p>2. Treat others with respect and dignity.</p> <p>3. Express empathy and compassion when dealing with the needs and problems of others.</p> <p>&lt;Add OJT / Developmental Activities if applicable&gt;</p>   | <p>1. These items will be reviewed on my weekly visits.</p> <p>2. Success will be measured by feedback from staff; satisfaction surveys, direct observation.</p> <p>3. This will be reviewed on my weekly visits with feedback.</p> |                        |          |
| <p>2. <b>Area to address:</b><br/><b>COMMUNICATION</b></p> <p>Improve relationship with &lt;&lt;CLIENT&gt;&gt;</p>   | <p>1. Monthly meeting with &lt;&lt;NAME&gt;&gt; and &lt;&lt;CLIENT&gt;&gt; with a planned agenda provided prior to meeting.</p> <p>2. Create action steps as a result of meetings and communicate milestones with Client within 3 days of client meetings.</p> <p>3. Review agenda and supporting materials for executive meeting 3 days prior to meeting with &lt;&lt;NAME&gt;&gt;.</p> <p>&lt;Add OJT / Developmental Activities if applicable&gt;</p> | <p>1. TBD based on client schedule</p> <p>2. I will review progress on my visits</p> <p>3. Send agenda to &lt;&lt;NAME&gt; via email.</p>   |                        |          |

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| Area for Improvement  | Action Steps   | Review Date(s) and Review Process  | Target Completion Date | Comments |
|---|--|--|------------------------|----------|
| 3. <b>Area to address:</b><br><b>TECHNICAL SKILLS</b><br><br>Audit Findings /Participation Rates/Student Surveys/Expectation Follow up  | 1. Work with the <SITE LOCATION NAME>> IT Dept. to expand connectivity to allow use of tablets.<br>2. Increase cash drops to bank on a daily basis.<br>3. Quarterly follow up on Expectations with client.<br><Add OJT / Developmental Activities if applicable>   | 1. TBD (Depends on work load of district)<br>2. Immediately<br>3. During the meetings with the client the DM will discuss the follow up.   |                        |          |
| 4. <b>Area to address:</b><br><b>FINANCIAL ACUMEN</b><br><br>Complete protocol for Period Close   | 1. On first day of close: access reports and review the financial results. Financial data must be received by <<time/date>>.<br>2. Send DM a brief overview of the district's financial position prior to 8 AM. EST. Share the variances and reasons for those variances. Your overview should provide a key brief summary explaining Sodexo and Client financial position.<br>3. Begin your forecast process for the next period, inclusive of adjustments and ensure accuracy. Your forecast is due to District Manager by noon on Monday after close.<br><br><Add OJT / Developmental Activities if applicable> | 1. All to be completed monthly, by the date /time requested.<br>2. All to be completed monthly, by the date /time requested.<br>3. All to be completed monthly, by the date /time requested. |                        |          |
| 5. <b>Area to address:</b><br><b>TIME MANAGEMENT</b><br><br>Time effectiveness towards completing administrative duties and delegated task. Submitting work before the deadline | 1. Develop an effective Pattern of Management.<br>2. Review and adhere to Pattern of Management.<br>3. Complete Time Management related training in Ingenium.  | 1. Provide draft of Pattern of Management to me by <<DATE>><br>2. Review<br>3. Complete by <<DATE>>.   |                        |          |



## Performance Improvement Plan

Use this section at the onset of the PIP. Obtain signatures and provide a copy to the employee.

| Area for Improvement | Action Steps                                       | Review Date(s) and Review Process | Target Completion Date | Comments |
|----------------------|--|-----------------------------------|------------------------|----------|
|                      | <Add OJT / Developmental Activities if applicable> |                                   |                        |          |

### Confirmation of Initial Review with Employee:

**Instructions:** Use this section to record the initial meeting the Reports to Manager has with the employee. Provide a copy of this document to the employee.

**Manager's Comments:**

**Employee Comments:**

\_\_\_\_\_  
**Employee (Printed)**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Manager (Printed)**

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date**

## Performance Improvement Plan

### PIP Progress Report with Employee

Use this section to record the weekly or bi-weekly progress meetings. Record employees progress, areas of improvement, trainings taken and constructive feedback, etc.

**Instructions:** Use this section to record periodic updates that the Reports to Manager has with the employee. List each area for improvement and note how the employee is progressing compared to expectations. If the employee is not improving, note examples. Provide resources if necessary. Be sure to note the expected performance improvement necessary.

**Manager's Comments:**

**Employee Comments:**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Manager

## Performance Improvement Plan

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**Date of Review/Location**

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**Date**

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**Date**

## Performance Improvement Plan

### Final Review with Employee

Use this section for the final review with the employee and the manager. Use this section to record constructive feedback, trainings taken and next steps.

**Instructions:** When completed, attach this Confirmation of Review to the Performance Improvement Plan document. Retain the original copy for the file of record. If this is a final review, be sure to summarize the employee's progress. **Please provide the employee with a copy of the signed form.**

**Manager's Comments:**

**Employee's Comments:**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

| END OF PLAN |