**PERFORMANCE IMPROVEMENT PLAN (PIP)**

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| Employee Name |       | Starting Date of PIP: |       |
| Job Title: |       | Review Period: |       |
| Supervisor |       | Next Scheduled Meeting Date: |       |

| **EMPLOYEE JOB PERFORMANCE IMPROVEMENT PLAN** |
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| **MAJOR GOAL/OBJECTIVE** | **DESIRED PERFORMANCE EXPECTATION** | **CURRENT PERFORMANCE/RESULT** |
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| Additional Training:      |
| Supervisor Notes/Comments:      |
| PERFORMANCE OF ALL OTHER JOB DUTIES:       |
| [ ]  SATISFACTORY / [ ]  LESS THAN SATISFACTORY |
| BY SIGNING BELOW, THE EMPLOYEE ACKNOWLEDGES THAT HE/SHE WAS PRESENTED WITH THE ABOVE INFORMATION ON THE DATE INDICATED AT THE TOP OF THIS FORM, AND THAT HE/SHE WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK WITH REGARD TO THIS STAGE IN THE PIP PROCESS. |
|       |       |       |       |
| SUPERVISOR SIGNATURE | DATE | EMPLOYEE SIGNATURE | DATE: |
| I also want to make you aware of the Employee Assistance Program (EAP) which serves as a free, confidential referral service for obtaining outside services to support your well-being and resilience in work and life. Information about the program is available on the DPM website at <https://dpm.wi.gov/Pages/Employees/BnWellness.aspx>.  |