

**Performance Improvement Plan (PIP)**

**To:** *[Employee Name]*

**From:** *[Manager Name]*

**Date:**

**Subject:** Notice of Performance Improvement Plan

During the past month [*specify dates if available*], it has become increasingly evident that you have not been performing your assigned work in accordance with what is expected of your position as [*job title*]. You were counseled on this unacceptable performance on [*list dates of all counseling, coaching, and/or warning sessions*]. To date, significant improvement has not been made. Aspen Hospitality values you as an employee, and it is our intent to make you fully aware of this situation and to assist you in improving your work performance. The responsibility to improve, however, is yours and you must be prepared to complete the job responsibilities satisfactorily within your job description.

You are being placed on a written performance improvement plan. For the next [*30,60, or 90*] days, [*date, 20\_*\_] to [*date, 20\_\_*], your work will be closely monitored. You must demonstrate immediate improvement in the following areas of responsibility within your job description and examples of performance below expectations that need immediate attention:

[*List plan details*. *Be specific about what needs to be improved, list objectives with specific deadlines and expectations* ]

* …
* …
* …

The above expectations and job responsibilities are essential for you to be successful as [Position Title]. I will review your progress on each of the above items requiring improvement on an ongoing basis. I will meet with you weekly to discuss your progress or lack thereof. Improvement must begin immediately and be maintained. If any objective of this improvement plan is not met at any time during the specified time frame, disciplinary action, to include separation from Aspen Hospitality, may occur. A decrease in performance after successfully completing the improvement plan may also result in dismissal from Aspen Hospitality without the issuance of another warning or improvement plan.

I am available to discuss any issues or concerns you may have as you work through this plan.

Your signature acknowledges this discussion. It does not indicate agreement or disagreement with this plan.

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Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_
Manager/HR Signature Date

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Witness Signature Date