



DALLAS COUNTY  
HUMAN RESOURCES/CIVIL SERVICE

**Performance Improvement Plan (PIP)**  
**Confidential**

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RE: **Performance Improvement Plan (PIP)**

The purpose of this Performance Improvement Plan (PIP) is to notify you that your work performance has been and is currently not at a satisfactory level, identify serious areas of concern in your work performance, reiterate **Dallas County's (department, division, section)** expectations, and allow you the opportunity to demonstrate improvement and commitment in your work performance.

**Areas of Concern:**

**Observations, Previous Discussions or Counseling:**

**Improvement Goals/Behaviors and Tasks:** These are the goals related to areas of concern to be improved and addressed:

1.	
2.	
3.	
4.	

**Resources:** Listed below are resources available to complete your Improvement activities (may include other people's time or expertise, funds for training materials and activities, or time away from usual responsibilities.)

1.	
2.	
3.	
4.	

**Management Support:** Listed below are ways your manager will support your Improvement activities.

1.	
2.	
3.	

**Expectations:** The following performance standards must be accomplished to demonstrate progress toward the achievement of each Improvement goal:

1.	
2.	
3.	

**Follow-up Updates:** You will receive feedback on your progress at your weekly supervisory meetings.


**Timeline for Improvement, Consequences & Expectations:**

Effective immediately, you are placed on a \_\_\_\_\_ . During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations will result in disciplinary action, up to and including termination. Furthermore, failure to maintain performance expectations after completing the PIP may result in additional disciplinary action, including termination.

Should you have questions or concerns regarding the content, you will be expected to follow up directly with me.

We will meet again as noted above to discuss your Performance Improvement Plan.

**Signatures:**

Print Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Supervisor/Manager Name: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_