THE ART AGENCY

THE ART AGENCY · CORRECTIVE ACTION

Performance Improvement Plan (PIP)

Confidential · The Art Agency LLC

Employee Name: _____

Position: _____

Supervisor: _____

Date Issued: _____

PIP Start Date: _____

PIP End Date: _____

Purpose

This Performance Improvement Plan is intended to clearly communicate performance expectations, identify specific areas requiring improvement, and provide a structured timeline and measurable goals to help the employee succeed in their role. This PIP is not a guarantee of continued employment.

Performance Deficiencies

The following performance areas have been identified as not meeting the standards required for this position. Include specific examples with dates where possible.

Deficiency #1:

_____

_____

_____

_____

Example / Evidence:

_____

_____

Deficiency #2:

_____

_____

_____

_____

Example / Evidence:

_____

_____

Deficiency #3:

_____

_____

Example / Evidence:

Expected Standards & Measurable Goals

For each deficiency above, define the specific, measurable improvement expected by the end of the PIP period.

Goal #1 (corresponds to Deficiency #1):

How Measured:

Goal #2 (corresponds to Deficiency #2):

How Measured:

Goal #3 (corresponds to Deficiency #3):

How Measured:

Support & Resources Provided

Describe the support, training, mentoring, or resources the agency will provide to help the employee meet the goals above.

Check-In Schedule

Check-In Date	Status / Notes	Supervisor Initials

Consequences

If the performance goals outlined in this PIP are not met by the end of the PIP period, The Art Agency LLC may take further action up to and including termination of employment. The Art Agency LLC is an at-will employer, and this PIP does not alter the at-will nature of the employment relationship. The agency reserves the right to take immediate action, including termination, at any time if performance or conduct warrants it, regardless of whether the PIP period has concluded.

Signatures

By signing below, the employee acknowledges receipt of this PIP and understands the expectations, timeline, and potential consequences. The employee's signature does not indicate agreement with the performance assessment.

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

PIP Outcome (completed at end of PIP period)

☐ Goals Met — PIP successfully completed. Employee returns to standard performance management.

☐ Partial Improvement — PIP extended through: _____

☐ Goals Not Met — Further action taken: _____

Supervisor Signature (Outcome): _____ **Date:** _____