**PERFORMANCE IMPROVEMENT PLAN (PIP)**

Print Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Manager Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Infraction \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Introductory Period Employee?** **YES NO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason for PIP:** (ENTER CODE HERE) **\_\_\_\_\_\_\_\_\_\_ Is this a Final Warning? YES NO** | | | | | |
| ATT | Attendance | GMC | Gross Misconduct | HIP | HIPAA Violation |
| PER | Performance | SAF | Safety Violation | VIO | Rules Violation |

* If applicable, list dates and type (Coaching Memo or PIP) of previous coaching and counseling:

The following written counseling is in reference to recent issues.

* Specific description of infraction(s) or area(s) for improvement *(If reason is attendance, list date and reason given by employee for unscheduled absence (full or partial), start/end of scheduled shift and arrival time/time left work for a partial absence, start of scheduled shift and arrival time for tardy, and/or time called in for late call)(If reason is not attendance, list date, specific description of incident(s), and the employee’s response to the incident(s)*):

* What specific policy, rule, or guideline did the employee violate?
* You must understand it is crucial all employees perform their job responsibilities correctly and consistently. The following outlines specific performance expectations plan for improvement (when appropriate, list specific dates for completion of plan):

We expect these changes to be made immediately (when appropriate) or by the dates listed in the expectations plan above. The requirement for successfully achieving the goals of the PIP is improved and sustained performance, in addition to meeting specific goals and requirements.

We have every confidence the problem will be corrected. However, your work performance must improve and will be closely monitored. If any other issues or situations occur where abuse of MCG Health, Inc. policy, or other performance related concerns exist, including attendance, you will be disciplined, up to, and including, discharge of employment.

*If the employee received a “Needs Improvement” on his/her performance appraisal, the manager should also submit this form to Employee Relations, Human Resources to review prior to issuing it to the employee. Once issued, signed form will be placed in the employee’s official employment record, which is in Human Resources.*

**The language used in this written counseling is not intended to create an employment contract between the employee and MCG Health, Inc. This counseling shall not be deemed to constitute either an employment contract or any other type of contract.**

I have read and understand the above written counseling. I understand this counseling does not constitute any type of contract. I understand my continued employment with MCG Health, Inc. depends upon my successful completion of this PIP.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Acknowledgement: Employee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Manager Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Witness (if applicable) Date

Cc: Employee, Manager’s File for follow-up, Employee Relations, Human Resources (If applicable, attach signed Coaching Memo)

**PEFORMANCE IMPROVEMENT PLAN-*MANAGER REFERENCE TOOL***

**FOR MANAGER USE ONLY –** NOT FOR DISTRIBUTION TO EMPLOYEE

|  |  |  |
| --- | --- | --- |
| **CODE** | **REASON** | **EXAMPLES OF BEHAVIORS** |
| ATT | ATTENDANCE | * UNSCHEDULED ABSENCES-FULL OR PARTIAL * TARDINESS * LATE CALL * FAILURE TO CLOCK IN/OUT * NO CALL, NO SHOW |
| FPP | FAILED INTRODUCTORY PERIOD | * EMP TERMED IN FIRST SIX MONTHS OF EMPLOYMENT WITH MCGHI OR IN FIRST SIX MONTHS OF TRANSFER INTO A NEW POSITION |
| GMC | GROSS MISCONDUCT | * INAPPROPRIATE TREATMENT OF NEGLECT OF A PATIENT * THEFT, UNAUTHORIZED USE, DEFACEMENT, OR WILLFUL DESTRUCTION OF PROPERTY * COMMISSION OF A CRIMINAL ACT * FALSIFICATION OF DOCUMENTS/RECORDS * DISCRIMINATION/ HARASSMENT/RETALIATION * WORKPLACE VIOLENCE * INSUBORDINATION/WILLFUL DISOBEDIENCE * SUBSTANCE ABUSE VIOLATIONS OR DRUG OFFENSES * CARRYING EXPLOSIVES, FIREARMS, OR WEAPONS ON PROPERTY * SLEEPING ON JOB/FAILURE TO MAINTAIN A PERSONAL, MENTAL, OR PHYSICAL CONDITION AT STANDARD * FAILURE TO REPORT ARREST, CHARGE, CONVICTION, PLEA, DRUG OFFENSE, AND/OR EXCLUSION FROM PARTICIPATION IN FEDERALLY FUNDED HEALTH CARE PROGRAMS WITHIN 72 HOURS * INAPPROPRIATE SHARING CONFIDENTIAL INFO (NOT HIPAA VIOLATION) * EXPLOITATION OF PATIENTS OR FAMILIES FOR PERSONAL GAIN OR BENEFIT |
| HIP | HIPAA VIOLATION | * HIPAA VIOLATIONS - *HR & COMPLIANCE CONSULT REQUIRED* |
| JOB | JOB ABANDONMENT | * NO CALL/NO SHOW FOR TWO CONSECUTIVE SHIFTS |
| SAF | SAFETY VIOLATION | * PATIENT ID ERRORS * MEDICATION ERRORS * MISLABELED SPECIMENS * HAZARDOUS ACTIVITIES * ANY OTHER VIOLATION THAT WOULD CAUSE A PATIENT SAFETY CONCERN |
| PER | PERFORMANCE | * EMP DOES NOT MEET REQUIREMENTS TO PERFORM JOB * ERRORS * INACCURACIES * CAN NOT MEET PRODUCTIVITY STANDARDS (NOT BEHAVIORAL ISSUES) |
| VIO | RULES VIOLATION | * ENGAGING IN RUDE OR DISCOURTEOUS CONDUCT TOWARD PATIENTS/EMPLOYEES/VISITORS * EMP VIOLATES A SPECIFIC RULE OR POLICY OR DEPT PRACTICE |

*This list contains examples of actions that would fall under each code; however it is not all inclusive. Should you have any questions or concerns in completing this form, please contact Employee Relations, Human Resources.*