

GUIDANCE FOR ISSUING A PERFORMANCE IMPROVEMENT PLAN (PIP) FOR NOT ORDINARILY RESIDENT (NOR) EMPLOYEES

GENERAL INFORMATION

A rater must use this form (JF-57-PIP) to document the employee's performance which is determined to be unacceptable. The PIP may be based on work requirements listed in Section III of the JF-57-EPR, or those listed in the position description (PD-298).

Before using this form, the rater must determine if the area of concern is a performance or conduct issue. A performance issue is the employee's inability to do the work. A conduct/discipline issue is based on the employee's refusal to do something (*i.e., tardiness, disruptive behavior, abuse of leave*).

NOTE: Consult post policy regarding misconduct and disciplinary actions for NORs.

WHEN TO ISSUE THE PIP AND TIME PERIOD TO IMPROVE PERFORMANCE

Before issuing a PIP, the rater must:

- a) Consult with the mission HRO to assist with a strategy to improve performance; and
- b) Have documented a performance discussion with the employee, on a JF-57 PD, about the need for a PIP; and
- c) Consult with the reviewer within 30 calendar days of the Performance Discussion about the intent to issue a PIP.

The rated employee is given a minimum of 30 calendar days on a PIP to bring the performance to a "Fully Successful" level.

NATURE OF THE PERFORMANCE IMPROVEMENT PLAN

The PIP must describe:

- 1. The work requirements statement for which performance is unacceptable.
- 2. How the employee's performance is unacceptable. (*Cite specific examples as they relate to the critical elements and standards.*)
- 3. What must s/he do to reach an acceptable level of performance, including the acceptable performance of specific assignments specified by the rater?
- 4. What efforts will be made to assist the employee to overcome deficiencies and meet performance standards (*e.g., formal or on-the-job training, counseling, supervisory assistance*)?
- 5. The period of time (*30-120 days*) in which the employee must improve his/her performance, and the potential consequences at the end of PIP.

ACKNOWLEDGEMENT AND SIGNATURES

- 6a-6c.** The rater and reviewer signatures that certify items one through five were discussed with the employee, and that a copy of the PIP was given to the employee. The employee must be provided the opportunity to sign the form to acknowledge receipt. If the employee fails to sign the form, the rater should give a copy of the PIP to the employee and sign a statement certifying delivery.

PERFORMANCE EVALUATION AT THE CONCLUSION OF THE PIP PERIOD

7. At the conclusion of the PIP period, the rater and reviewer must determine:

Has the employee's performance achieved a level of "Fully Successful" or better or does it remain at "Needs Improvement" or "Not Successful"?

Is an extension of the PIP appropriate? A Performance Improvement Plan may be extended for more than the specified period for compelling reasons, such as when management cannot make a determination about whether the employee's performance has improved to an acceptable level or there is an illness or extended absence of the employee or rater. The employee should be notified in writing of the reason for the extension.

Once the Rater and Reviewer have determined the employee's performance level has not improved to an acceptable level, and that an extension of the PIP is not recommended, concurrence for termination must be obtained from the Management Officer/Agency Head and HR Officer. (*REF: 3 FAM 8215 - Personal Services Agreement - Conditions of Employment*)

A Performance Improvement Plan will remain in the employee's Employee's Performance Folder (*EPF*), and destroyed one year after the employee has departed post. If an employee leaves the position during the PIP period, the Performance Improvement Plan should be destroyed.

TERMINATION OF THE PIP

A PIP may be terminated when:

- a) A "Fully Successful" or better rating has been achieved;
- b) Upon any changes which make the PIP inapplicable to the current situation (*e.g., a manual work process is automated, reassignment of duties, etc.*)



**PERFORMANCE IMPROVEMENT PLAN (PIP)
FOR THE NOT ORDINARILY RESIDENT (NOR) EMPLOYEES**

SECTION I - GENERAL INFORMATION

Please read the guidelines before completing this form.

1. Employee Name (<i>Last, First, MI</i>)		2. Employee ID Number (<i>if applicable</i>)	3. Position Title
4. Grade	5. Organization	6. Period Covered From (<i>mm-dd-yyyy</i>) _____ To (<i>mm-dd-yyyy</i>) _____	
7. Date Work Requirements Statement Established (<i>mm-dd-yyyy</i>)		7. Date(s) of Performance Discussion(s) (<i>mm-dd-yyyy</i>) _____	

SECTION II - AREAS FOR IMPROVEMENT

Continuation sheets may be used; employee statement may be attached.

1. The Work Requirements Statement for which your performance is unacceptable: (<i>Number each</i>)	
2. Your performance is unacceptable for the following reason(s):	
3. Your performance can be improved to the Fully Successful level by the following action(s) including completion of the following specific assignment(s):	

Last Name	First Name	Rating Period From (mm-dd-yyyy) _____ To (mm-dd-yyyy) _____
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SECTION II - AREAS FOR IMPROVEMENT (Continued)

4. The following efforts will be made to assist you:

5. Unless your performance improves to the level of "Fully Successful "within _____ calendar days, the Department/Agency may propose to terminate your appointment in accordance with 3FAM 8215 or the Personal Services Agreement "Conditions of Employment."

Note: If you achieve at a satisfactory level during the period of the PIP, but fail to maintain it during the rest of the rating cycle, your employment may be terminated.

SECTION III - ACKNOWLEDGEMENT AND SIGNATURES

6a. Employee Signature	Date (mm-dd-yyyy)
6b. Rater Signature	Date (mm-dd-yyyy)
6c. Reviewer Signature	Date (mm-dd-yyyy)
6d. Human Resources Officer Signature	Date (mm-dd-yyyy)

SECTION IV - OUTCOME

7. What is the determination of the performance level at the conclusion of the PIP period?

☐ Fully Successful
 ☐ Unacceptable

8a. Rater Signature	Date (mm-dd-yyyy)
8b. Reviewer Signature (as required)	Date (mm-dd-yyyy)

Optional: If performance is unacceptable, the signature of the Management Officer , DCM or Agency Head certifies the decision to terminate.

8c. Signature	Date (mm-dd-yyyy)
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