|  |  |  |  |
| --- | --- | --- | --- |
| **Associate Name:** |  | **Associate ID #:** |  |
| **Date of Hire:** |  | **Position:** |  |
| **Property/Department:** |  | **Community Manager:** |  |
| **Regional Manager:** |  | **Date Delivered:** |  |

|  |
| --- |
| **Area(s) Identified For Improvement/Current Performance Issue(s)**: |
|  |
| **Previous Action taken, if any, to address area(s) for improvement (please include dates):** |
|  |
| **Required Standards/Company Policy:** |
|  |
| **Action Plan (include any due dates) and Timeframe:** |
|  |
| **Follow-up (include timelines, meetings, etc.)**: |
|  |

**Resources Provided by the Manager:**

**Employee Comments:**

**Acknowledgement:**

I have read and understand this document. I further understand this is a performance improvement plan with the intent to bring my attention to the issues and correct them. I understand that my ability to perform these duties is an integral part of my success. I understand that if I fail to improve my performance, or commit any other rule violation, it may result in further disciplinary action up to and including termination.

**Note:** Essex does not have a progressive discipline policy. Your at-will employment status with the Company is not altered in any way by this corrective action. Termination of employment may occur at any time, for any reason or no reason, with or without notice. **Failure to make immediate and sustained improvement on the items noted above or further violation of Company policies and procedures may result in disciplinary action, up to, and including, termination.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  | | |  |  | | |  | |
| Manager’s Signature |  | | Date | | |  | Associate’s Signature | | |  |  | | Date | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Print Name |  | Print Name |  |

MANAGER: PLEASE EXPLAIN TO THE ASSOCIATE THAT A RECORD OF THE PIP WILL BE RETAINED IN HIS/HER PERSONNEL FILE.

|  |  |
| --- | --- |
| HR USE ONLY | |
| AR Representative Approval Name / Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Follow Up Date: |  |