

AUXILIARY PERFORMANCE IMPROVEMENT PLAN

AUXILIARY # _____ LOCATION _____ DATE _____

PRESIDENT _____ DISTRICT PRESIDENT _____

PIP Team: 1 _____
2 _____
3 _____

STEP ONE - AREAS OF CONCERN

List specific areas where the Auxiliary has not met expectations.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Have concerns been previously addressed and training provided? Yes No

If Yes, list:

Trainer: _____ Title: _____ Date: _____

STEP TWO - EXPECTATIONS

Items of concern must be addressed to confirm with bylaws, deadlines and other Auxiliary traditions.

Item #	What can be done?	Who will do it?	Expected Date of Completion
1			
2			
3			
4			
5			

STEP THREE - PROGRESS

The following schedule will be used to evaluate the progress in meeting the expectations listed.

Type of follow up:

Memo	Call	Meeting
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 Date _____

Progress Expected: _____

FOLLOW-UP SCHEDULE

You will receive feedback on your progress as scheduled below:

Date of Meeting _____	Progress: _____	PIP Team Member _____
Date of Meeting _____	Progress: _____	PIP Team Member _____
Date of Meeting _____	Progress: _____	PIP Team Member _____

TIMELINE FOR IMPROVEMENT, EXPECTATIONS AND CONSEQUENCES

This PIP Plan has been put in place so that your Auxiliary is able to conduct its business as required by our Bylaws. The Auxiliary must show progress as outlined above. Failure to meet or exceed these expectations or any display of disregard to the PIP Teams recommendations may result in suspension.

This Auxiliary has met all the requirements to be a Healthy Auxiliary, and is now able to conduct its business as necessary.

PIP Team:	<i>Signatures</i>	
1	_____	Date _____
2	_____	Date _____
3	_____	Date _____
Auxiliary President	_____	Date _____
	<i>Signature</i>	