AUXILIARY PERFORMANCE IMPROVEMENT PLAN

AUXILIARY # _____ LOCATION _____ DATE _____

PRESIDENT _____ DISTRICT PRESIDENT _____

PIP Team: 1 _____

Can be 1 - 3 members 2 _____

3 _____

STEP ONE - AREAS OF CONCERN -To be Completed by the Dept/Nat'l President

List specific areas where the Auxiliary and or Officer(s) has not met expectations.

1 _____

2 _____

3 _____

4 _____

5 _____

	Yes	No
Have concerns been previously addressed and training provided?		

If Yes, list:

Trainer: _____ Title: _____ Date: _____

STEP TWO - EXPECTATIONS - To be Completed by the PIP Team

Items of concern must be addressed to conform 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 - To be Completed by the PIP Team

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

Type of follow up: Memo ☐ Call ☐ Meeting (In-person or electronic) ☐ Date _____

Progress Expected: _____

_____

_____

FOLLOW-UP SCHEDULE - To be Completed by the PIP Team

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 and/or Officer (s) must show progress as outlined above. Failure to meet or exceed these expectations or any display or 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: ***Signatures***

1 _____ Date _____

2 _____ Date _____

3 _____ Date _____

Dept or Nat'l President _____ Date _____

Signature