A black background with white text

Description automatically generated with low confidence

PERFORMANCE IMPROVEMENT PLAN

Request for Extension

## Instructions

Before completing this form, please refer to the PIP General Instructions.

The Executive Director may grant an extension of time, up to 45 days. Any extension of more than 45 days shall be granted by vote of the Board. The Executive Director or Commission may grant an extension for a period of time less than the period requested.

**Narrative Responses:** Provide a concise but comprehensive response to the below question (~ 500 words). Your responses must provide sufficient detail for the reader to understand the justification for the request. Your narrative responses will be posted publicly and should not contain nonpublic information.

**Attachments:** You may provide any information and documentation necessary to support Your request as attachments. Nonpublic clinical, financial, strategic or operational information You want the HPC to keep confidential pursuant to 958 CMR 10.14 should be included only in attachments and must be clearly identified as confidential. You may submit numerical and tabular data as Microsoft Excel files.

## Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PIP Entity Name: | | *Click here to enter text.* | | |
| Federal Tax ID #: | | *Click here to enter text.* | | |
| Business Address 1: | | | | *Click here to enter text*. |
| Business Address 2: | | | | *Click here to enter text.* |
| City, State, Zip: | *Click here to enter text.* | | | |
| Business Website: | | | *Click here to enter text.* | |

**Contact Person Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | | *Click here to enter text.* | | | | |
| Salutation (Mr., Ms., Dr., etc.): | | | | *Text* | Title: | *Click here to enter text.* |
| Phone, Ext.: | | | *Click here to enter text.* | | | |
| Email: | *Click here to enter text.* | | | | | |

|  |  |
| --- | --- |
| I. Extension Request | |
| Date of Extension Request Filing: | *Click here to enter text.* |
| Date currently required to submit proposed Performance Improvement Plan: | *Click here to enter text.* |
| Requested submission deadline for proposed Performance Improvement Plan: | *Click here to enter text.* |
| II. Justification for Request | |

Provide the reasons that the current deadline for filing a proposal Performance Improvement Plan should be extended to the requested submission deadline.

**Attachments:** Provide data and evidence to support Your narrative response.

*Click here to enter text.*

|  |
| --- |
| Certification |

By typing my name below, I certify that:

1. I have read 958 CMR 10.00: *Performance Improvement Plans* and the General Instructions.
2. I have read the Request for Extension and any attachments and certify that the information contained therein is accurate and true.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Certified on the | *Day* | day of | *Month* | 20 | *Year* | under the pains and penalties of perjury. |

|  |  |
| --- | --- |
| Contact Person Name: | *Click here to enter text.* |

|  |  |
| --- | --- |
| Contact Person Title: | *Click here to enter text*. |