

PERFORMANCE IMPROVEMENT PLAN*(Required for Overall Performance Ratings of Needs Improvement and Unsatisfactory)*

Name _____ Review Period from _____ to _____

Department _____ Job Title _____

This Performance Improvement Plan has been established for this employee due to receipt of an overall performance evaluation rating of Needs Improvement or Unsatisfactory, or a mid review period.☐**Needs Improvement**☐**Unsatisfactory**☐**Mid Review Period**

Identify the area(s) where performance improvement is needed. For each area identified establish goals and objectives that are required to be met. SMART goals should be used to help guide goal setting (Strategic, Measurable, Ambitious, Realistic, Time-Bound). Be sure to assign a begin date for each planned activity, an expected outcome completion date and a review date for area for performance improvement. A follow-up performance evaluation is required 90 days from the date of the Needs Improvement or Unsatisfactory performance rating. Human Resources must be consulted regarding the employee's future status with the institution.

Area for Performance Improvement:

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Planned Activity and Expected Outcome:

Begin Date: _____ Outcome Completion Date: _____ Review Date: _____

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Status of Planned Activity and Expected Outcome at Review Date:

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The undersigned understand that it is necessary at this time to focus on the indicated area(s) for performance improvement. It is noted that disciplinary action(s) may be taken at any point if performance does not indicate significant improvement.

Supervisor Signature_____
Begin Date_____
Supervisor Signature_____
Review Date_____
Reviewer Signature (Optional)_____
Begin Date_____
Reviewer Signature (Optional)_____
Review Date_____
Employee Signature_____
Begin Date_____
Employee Signature_____
Review Date