##  Employee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: |  | Job Title: |  |
|  | Print |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PLID #: |  |  Department: |  |

## Employee Improvement Information

|  |  |
| --- | --- |
| 1. What steps has the employee taken to correct the situation since the original improvement form was prepared?

|  |
| --- |
|  |

 |
| 1. Has the employee satisfactorily corrected the situation? Yes [ ]  No

|  |
| --- |
|  |

 |
| 1. If no, what further action is required? Be specific and include dates by which items must be completed and include consequences for failure to improve performance. Such consequences may include termination of employment?

|  |
| --- |
|  |

 |

##  Comments

|  |  |
| --- | --- |
| Employee Comments: |  |
|  |  |

|  |
| --- |
| Supervisor Comments: |
|  |

|  |
| --- |
| Department Director’s Comments: |
|  |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |

*Distribution: Original to Department Director for inclusion in departmental personnel file: copies to employee, Human Resources, and VP Office.*