## Employee Information

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

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

Time Frame for Improvement:  30 working days  60 working days  90 working days

## Employee Improvement Information

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| --- | --- | --- | --- | --- |
| 1. State in detail why the employee’s performance has been rated below standard. Include specific incidents and dates or occurrence (attach extra pages if necessary).  |  | | --- | |  |  1. State by when improvement must be made and what specific action steps the employee must make to correct the situation (attach extra pages if necessary).  |  | | --- | |  |  1. State what specific action steps the supervisor will take to help the employee correct the situation (attach extra pages if necessary).  |  | | --- | |  |  1. What action will be taken if necessary change is not accomplished within the prescribed time frame?  |  | | --- | |  | |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Printed Name: |  | Supervisor Signature: |  |

|  |  |
| --- | --- |
| Date: |  |

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| --- | --- |
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I acknowledge receipt of the Performance Improvement Plan and have met with my supervisor to discuss the areas and reasons why I must improve.

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

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