**PERFORMANCE IMPROVEMENT PLAN**

**Name of Employee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Rating Period with Unsatisfactory/Poor Performance Rating**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office/College**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Performance Improvement Planning**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| **Performance Targets** | **Issues Affecting Performance** | **Improvement Objectives** | **Needed Support or Intervention** | **Follow-up Date** | **Outcome** | **Recommendation** |
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*By signing below, I acknowledge that I have clearly discussed with my Dean/Director and understood the purpose of this Performance Improvement Plan and that obtaining unsatisfactory/poor performance in the next rating period will warrant my separation from service through dropping from rolls. Thus I commit myself to the attainment of the improvement objectives we have herein agreed.*

Noted:

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|  |  |  |  |  |  |  |  |  |  |  |
| Signature over Printed Name of Employee/Faculty |  | Date |  |  Dean/Director |  | Date |  |  Vice President |  | Date |