



## Performance Improvement Plan

This form documents a plan for required performance improvement when an employee's overall performance does not meet minimum expectations.

Employee Name: \_\_\_\_\_ Employee I.D. #: \_\_\_\_\_

Department: \_\_\_\_\_ Campus/Center (Check One): ☐ Greenville ☐ Greenwood  
☐ Indianola ☐ Moorhead

Last Evaluation Date: \_\_\_\_\_

### Job Responsibilities/Priorities

*List the employee's primary job responsibilities that require attention and describe the specific improvement that is needed to meet minimum expectations.*

**Job Responsibility:**  
*Specific Improvements Required:*

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*Specific Improvements Required:*

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*Specific Improvements Required:*

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*Specific Improvements Required:*

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*Specific Improvements Required:*

**Job Responsibility:**  
*Specific Improvements Required:*

***(Attach additional sheets of paper if necessary)***

Plan Establishment
<p><b>Support to be provided by Supervisor (e.g. training, equipment, etc.)</b></p>
<p><b>Plan Establishment Signatures:</b></p> <p>Employee: _____ Date: _____</p> <p>Supervisor: _____ Date: _____</p> <p>Division's Vice President: _____ Date: _____</p>
Follow-Up Review
<p><b>Dates of follow-up discussions:</b></p>
<p><b>Follow-up Review: <i>(to be completed within 60 days)</i></b></p> <p><input type="checkbox"/> Employee has achieved the required improvement described above.</p> <p><input type="checkbox"/> Employee has not achieved the required improvement described above.</p>
<p><b>Follow-up Review Signatures:</b></p> <p>Employee: _____ Date: _____</p> <p>Supervisor: _____ Date: _____</p> <p>Division's Vice President : _____ Date: _____</p> <p style="text-align: center; margin-top: 20px;"><i>After the follow-up review is completed, provide a copy to employee, retain a copy for department file, and send original to the Human Resource Department.</i></p>

10/2019

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