



HUMAN RESOURCES DEPARTMENT

Classified Evaluation
PERFORMANCE IMPROVEMENT PLAN

NAME: _____ **DATE:** _____

TITLE: _____ **DEPARTMENT:** _____

Performance Improvement Plans are expected to contain the following components:

1. Identify statements of performance or conduct that are unsatisfactory or need improvement:

2. Provide statements of the expected performance or conduct:

3. Please describe the follow-up/training plan, which may include the types of training or assistance provided to help the employee achieve the expected performance or conduct:

4. Time period by which the changes in performance or conduct are to be made (not to exceed 180 days from the evaluation date).

- ☐ Re-Evaluation due in 30 days: _____ (date)
- ☐ Re-Evaluation due in 60 days: _____ (date)
- ☐ Re-Evaluation due in 90 days: _____ (date)
- ☐ Re-Evaluation due in 180 days: _____ (date)

5. Date of mid-point progress meeting between the unit member and the supervisor.

_____ (date)

Signature of Employee Date

Signature of Supervising Administrator Date Title of Supervising Administrator

Signature of Reviewer Date Title of Reviewer
(Vice President, HR or designee) (Vice President, HR or designee)

C: Employee's Personnel File