Performance Improvement Plan (Part 1)

Employee: _____ **Start Date:** _____

Job Title: _____

Supervisor: _____ **End Date:** _____

What is/are the area(s) of concern? (Describe area(s) of concern where employee is not meeting expectations.)

Role Expectations & Goals: (*Describe acceptable performance/goals & what is required to successfully meet this plan.)*

Performance Improvement Plan (Part 2)

Action Plan: *(Describe activities to help achieve performance goal including start dates and completion deadlines.)*

Resources & Supports *(Describe resources/ supports available to help employee complete goals)*

Tracking/Review: *(Describe employee progress. Include dates of reviews.)*

Signatures

Employee: _____ Date: _____

Manager _____ Date: _____

**Adapted from Academy to Innovate HR (AIHR)*

Performance Improvement Plan – Letter/Memo format

To: Mike Carr, Financial Services Specialist
From: Ginny Tillerson, Manager
Re: Performance Improvement Plan
Date: July 29, 2025

As discussed in our monthly meeting on July 15, I raised concerns about declines in your performance. We have been working on these performance issues for about three (3) months now. Regrettably, I have only witnessed slight improvements in your performance and if you recall, I also brought up some initial concerns at your annual evaluation meeting in January. As such, I have created this plan to help us remedy the situation and ensure your job success. A copy of this performance improvement plan will be placed into your personnel file.

Your work as Financial Services Specialist requires you to work closely with our colleagues from across the University. For a little more than three months, I have received reports and personally observed various issues including simple mistakes in your Excel reports that should not happen. I also have received complaints from various university departments on both the timeliness and accuracy of your reports. My goal is for you to be successful, but the current trajectory of your performance is not where it should and must be. Here are my expectations going forward:

- An immediate reduction in spreadsheet errors is expected, given your past proficiency with Excel. I realize that some errors may happen occasionally, but you should strive for a 0% error rate and any error rate that exceeds an overall average rate of 1% across all your reports will warrant further action.
- Zero complaints from university colleagues and departments regarding timely submission and accuracy of reports for which you are responsible. I will request weekly feedback from those departments and personnel so that I may follow up with them and monitor your performance. Please provide me with a complete list of departments and the names of people in each department with whom you work.

To ensure your success, we will be meeting each Monday and Friday for the next four weeks so I can check and monitor your improvements. If I see consistent improvements, we will at that time alter the frequency of these review meetings. Also, if you need training on procedures or additional Excel training, let me know and I will get that for you. My goal here is your success. Therefore, please take seriously the corrective actions outlined in this plan.

This plan will begin immediately and will run for the next 60 days. After this period, a determination shall be made as to whether you are meeting the requirements documented here. If significant effort and progress have been made but the goals have not been completely met, this plan may be extended for an additional period not to exceed 30 days. If, however, I do not see a good faith effort on your part to make the necessary improvements described in this plan, I reserve the right to end the plan and consider possible disciplinary action, up to and including dismissal.

I am counting on you to improve your performance immediately and to maintain acceptable performance for the duration of your career. Once you have demonstrated that you can consistently meet the expectations outlined in this plan for a period of 120 days, I will then submit a memo to be inserted into your personnel file to indicate that you have satisfied the terms of this plan.

It is the policy of the University to encourage fair, efficient and equitable solutions for problems arising out of the employment relationship. If you feel that this action is unfair or inequitable, please contact the Office of Human Resources.

Signatures

Employee's Signature **Date**

My signature above indicates that I have reviewed and discussed this Performance Improvement Plan with my supervisor. Signing this form does not indicate that you agree with this performance evaluation, only that your supervisor reviewed and discussed it with you.

Supervisor's Signature **Date**

Witness Signature (if needed) **Date**

cc: Human Resources (Employee Personal File)
Attachment: Discipline, Dismissal and Grievance Policy