

## Performance Improvement Plan

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

Employee Name:

PERNR:

Organizational Unit:

Org Number:

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:*

**Job Responsibility:**

*Specific Improvements Required:*

(Attach additional sheets of paper if necessary)

## Behavioral Competencies

Organizational Success	Making People Matter
<ul style="list-style-type: none"> <li>▪ Teamwork/Cooperation (within and across units)</li> <li>▪ Customer Orientation</li> <li>▪ Commitment to Continuous Quality/Process Improvement</li> <li>▪ Creativity/Innovation</li> <li>▪ Flexibility/Adaptability to Change</li> <li>▪ Continuous Learning/Development</li> <li>▪ Displays Vision</li> <li>▪ Leadership/Initiative</li> </ul>	<ul style="list-style-type: none"> <li>▪ Positive Attitude</li> <li>▪ Respect for Others</li> <li>▪ Interpersonal Skills</li> <li>▪ Supports Diversity and Understands Related Issues</li> <li>▪ Honesty/Fairness</li> <li>▪ Builds Trust</li> <li>▪ Recognizes Others' Achievements</li> <li>▪ Understands Others' Perspectives</li> <li>▪ Resolves Conflicts Constructively</li> </ul>
Job Effectiveness	Additional Competencies for Supervisors
<ul style="list-style-type: none"> <li>▪ Planning/Organization</li> <li>▪ Problem Solving/Judgment</li> <li>▪ Makes Effective Decisions</li> <li>▪ Takes Responsibility</li> <li>▪ Achieves Results</li> <li>▪ Communicates Effectively</li> <li>▪ Dependability/Attendance</li> <li>▪ Job/Organizational Knowledge</li> <li>▪ Productivity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coaches/Counsels/Evaluates Staff</li> <li>▪ Identifies Areas and Supports Employee Development Opportunities</li> <li>▪ Encourages Teamwork and Group Achievement</li> <li>▪ Leads Change/Achieves Support of Objectives</li> <li>▪ Enables and Empowers Staff</li> <li>▪ Strives to Achieve Diverse Staff at all Levels</li> <li>▪ Understands Diversity Issues and Creates Supportive Environment for Diverse Employees</li> </ul>

*Identify the specific competencies needing improvement from the table above (or any unit-specific competencies previously identified) and describe the performance improvement required.*

**Competency:**

*Specific Improvement Required:*

**Competency:**

*Specific Improvement Required:*

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*Specific Improvement Required:*

**Competency:**

*Specific Improvement Required:*

**Competency:**

*Specific Improvement Required:*

(Attach additional sheets of paper if necessary)

## Plan Establishment

**Support to be provided by Supervisor** (e.g. training, equipment):

### Plan Establishment Signatures:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

## Follow-up Review

**Dates of follow-up discussions:** \_\_\_\_\_

**Follow-up Review:** *(to be completed within 90 days of annual review date)*

~~##~~ ~~###~~  Employee has achieved the required improvement described above.

~~##~~ ~~###~~  Employee has not achieved the required improvement described above.

~~###~~ *The employee has problems in the areas described below:*

### Follow-up Review Signatures:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to Human Resources 120 Nisbet Building