**PERFORMANCE IMPROVEMENT PLAN**

**To:** EmployeeName

Position/Title

**From:** Supervisor/Director Name

Position/Title

**Subject:** Performance Improvement Plan

**Date:**

Employee Name,

The purpose of this memorandum is to inform you there are several areas within your work performance that require improvement and to clarify the expectations for your position. You have previously received coaching for (*explain the reason*). While progress and improvements have been made in these areas, additional improvements need to be made in order to demonstrate full understanding and ability to exhibit the OFMD Core Competencies.

It is required that these improvements be made in addition to your goals and objectives for FY(*fill in year*) and progress against these development goals will be evaluated every (*fill in amount*) days for the next (*fill in amount*) months. At each (*fill in amount*) day interval, we will discuss and document progress made towards the goals for that period and revise or determine updated development goals for the period going forward. While it is up to you to make the necessary adjustments needed for change and improvement in these areas, I am willing to assist you in meeting these performance expectations.

Areas of concerns, examples and expectations (*be clear on what is the issue, what occurred and when and put expectation as a measurable action*):

* Example 1
  + Specific details
  + Specific details
* Example 2
  + Specific details
  + Specific details
* Example 3
  + Specific details
  + Specific details

The following is a summary of development goals based on the OFMD Core Competencies (*list goals based on core competencies of the position*).

Immediate and sustained improvement in all of the aforementioned areas is required. If it is determined that you did not adhere to the above expectations or any other department, School of Medicine or University policy; future disciplinary actions may occur up to and including termination of your employment.

I want to help you succeed in your position and will help in any way that I can. As part of this development plan, I intend to meet with you on a (*fill in amount*) basis to review your progress towards meeting these goals. Again, please let me know if there is any assistance you need from me or the Medical School to help you in realizing the standards set above and in performing at an acceptable level.

Your signature acknowledges that you have read and understand this document.

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Employee Name Date

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Supervisor/Director Name Date

cc: Supervisor/Director

Melissa Hopkins, Assistant Vice Chancellor, Assistant Dean for Operations & Facilities Management

Human Resources

Personnel File