

# Bluefield State University

## Performance Improvement Plan Form

Employee Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Dept: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Standard(s) of Performance Rating Needs Improvement (2) and/or Unsatisfactory (1) Reviewed:**(check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Work Environment   | <input type="checkbox"/> Job Knowledge                              |
| <input type="checkbox"/> Customer Service   | <input type="checkbox"/> Teamwork                                   |
| <input type="checkbox"/> Accountability/Flexibility                                 | <input type="checkbox"/> Quality of Work                            |
| <input type="checkbox"/> Quantity of Work   | <input type="checkbox"/> Communications                             |
| <input type="checkbox"/> Resourcefulness  | <input type="checkbox"/> Interpersonal Relations/Diversity          |
| <input type="checkbox"/> Punctuality/Dependability                                  | <input type="checkbox"/> Leadership ( <i>Supervisors/Managers</i> ) |
| <input type="checkbox"/> Planning and Organizing<br>( <i>Supervisors/Managers</i> ) |   |
| <input type="checkbox"/> Other (define):  |   |

**Describe the deficiencies selected above:**

**Improvement Plan** (what is expected, how it should be accomplished, and in what timeframe):

**Periodic Review Notes**

<b>Comments</b>	<b>Employee Initials</b>	<b>Supervisor Initials</b>	<b>Date</b>
1.			
2.			
3.			
4.			
5.			
6.			

**CHECK ONE:**

Performance Improvement Plan satisfactorily completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Failure to meet and sustain improved performance may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance plan.

**Reviewed and accepted by:**

**Employee (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Review completed by:

**Supervisor (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Performance Improvement Plan reviewed by:

**President/President's Designee (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This performance plan is not intended to be an employment contract or guarantee of continuing employment.*

Copy: Employee

Original: Personnel File