

Administrative/Professional and Civil Service Employee

Performance Improvement Plan

Southern Illinois University

Employee Name:	Employee ID:	Date:
Job Title:	Organization:	Evaluator Name:

1. Performance Evaluation: Date of most recent evaluation: _____
[Attach copy of current Job Description and current Performance Evaluation]

2. Check areas in need of improvement:
[Performance Evaluation area in which employee received marginal (M) or unsatisfactory rating (U)]

- | | | |
|--|---|---|
| <input type="checkbox"/> Job Knowledge | <input type="checkbox"/> Quality of Work | <input type="checkbox"/> Productivity |
| <input type="checkbox"/> Teamwork | <input type="checkbox"/> Initiative | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Adaptability |
| <input type="checkbox"/> Takes Direction | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Adheres to Guidelines |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Leadership | <input type="checkbox"/> Knowledge of Equipment |
| <input type="checkbox"/> Organization/Planning | <input type="checkbox"/> Safety/Security | |

3. Performance improvement plan:
[For each area checked above^, describe the changes needed to achieve the rating of 'Effective']

4. For each area needing improvement: Describe steps to improve performance: (Be Specific)

Employee will:

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5. Projected date for reaching effective rating (**E**): _____
6. Scheduled Progress Reviews. Daily Weekly Monthly
[Initiated by supervisor or employee]
7. Next Performance evaluation will occur on: _____
8. Attach to the Performance Improvement Plan:
- * Most Recent performance evaluation
 - * Current job description

Our signatures certify that this employee and this supervisor met in person to discuss this performance improvement plan.

Employee Signatgure

Date

1st Level Supervisor

Date