

PERFORMANCE CORRECTION NOTICE

(This form is to be used by the supervisor to improve performance; it in no way negates the University's Employment At-Will Policy.)

Employee Name: _____ **Department:** _____

Date Presented: _____ **Supervisor:** _____

Disciplinary Level

- Verbal Correction** – (To memorialize the conversation)
- Written Notice** – (Describe lack of performance, method of correction, and action to be taken if performance does not improve.)
- Final Written Notice** – (Probation, possible termination for inability to perform assigned job.)

Subject:

- Substandard Performance
- Behavior/ Conduct (Insubordination)
- Absenteeism/ Tardiness (include dates)
- Other: _____

Prior Notifications

<i>Level of Correction</i>	<i>Date</i>	<i>Subject</i>
Verbal	_____	_____
Written	_____	_____
Final Written	_____	_____

Incident Description and Supporting Details: Include the following information:
Briefly describe the substandard performance to be corrected.

Performance Improvement Plan (PIP)

1. Measurable/ Tangible Improvement Goals:

2. Training or Special Direction to Be Provided:

3. Mid-year Performance Evaluation Necessary? (Yes / No)

4. In addition, I recognize that you may have certain ideas to improve your performance.

Therefore, I encourage you to provide your own Personal Improvement Input and Suggestions:

(Attach additional sheets if needed.)

Outcomes and Consequences

Positive: *(Ex: I will remain available to help you and discuss areas where you require additional support. If you meet your performance goals, no further corrective actions will be needed regarding this issue. In addition, you will develop a greater sense of independence and autonomy on your job.)*

Negative: *(Ex: You are now being placed on notice that you are not meeting departmental performance standards. If at any time in the next 60 days you fail to demonstrate that you are capable of or completing tasks in a timely matter, you will be placed in a 30-day final warning period. If you fail to meet performance expectations during that final warning period, you may be dismissed.)*

(A copy of this document will be placed in your personnel file.)

Scheduled Review Date: _____

**Employee Comments
(Relevant Feedback)**

(Attach additional sheets if needed.)

X _____

Employee Signature

Employee/ Supervisor Acknowledgment

X _____

Employee (Printed Name)

X _____

Supervisor (Signature)

X _____

Employee (Signature)