

**Lincoln University  
Performance Improvement Plan**

This form documents a plan for required performance improvement when an employee's overall performance has been rated as unsatisfactory.

Employee Name:	Interim Evaluation Date:
Position/Department/Location:	Previous Evaluation Date:
Supervisor / Evaluator:	Department Administrator:

**Job Responsibilities / Priorities**

Performance Areas Identified as Unsatisfactory	Specific Performance Improvements Required
<b>Support to be provided by Supervisor (i.e., training, equipment, resources, etc.)</b>	

**Plan Establishment Signatures:**

Employee:	Date:
Supervisor:	Date:

**Reviewed By:**

Department Administrator:	Date:
Human Resources Director:	Date:

**Date(s) of Follow-up:** \_\_\_\_\_

- Employee has achieved the required performance improvement plan described above.
- Employee has NOT achieved the required performance improvement plan describe above. The employee continues perform at an unsatisfactory level in the following area(s): \_\_\_\_\_  
\_\_\_\_\_

**Recommended Action:**

- Extend Performance Improvement Plan – Next Review Date: \_\_\_\_\_
- Demotion / Reclassification – Position: \_\_\_\_\_
- Transfer / Change in Supervision: \_\_\_\_\_
- Termination – Effective Date: \_\_\_\_\_

<b>Comments:</b>     
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**Follow-up Review Signatures:**

Employee:	Date:
Supervisor:	Date:
Department Administrator:	Date:
Human Resources Director:	Date:

*After the follow-up review is completed, provided a copy to employee and send original to Human Resources for retention in the employee's personnel file.*