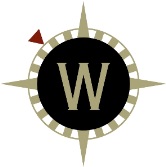
**Employee Performance Improvement Plan**

Employee Name:       Date:

Position Title:       Department:

Manager/Supervisor:

Performance Improvement Plans (PIPs) are initiated when the regular process of feedback and performance review has not been successful in creating performance results that are necessary for success in the job. PIPs can also be initiated when critical events occur causing performance results that are damaging to the work of the department.

This plan is a constructive plan intended to help you succeed in your job. Your supervisor wants to work with you to help build success. However, it is a *critical* plan, and if goals are not met, **additional action can be taken, up to and including separation from employment.** Please inquire with Human Resources if you have questions concerning this plan, or policies governing performance or separation at Willamette University.

**BACKGROUND INFORMATION:**

**IMPACT ON WORK/DEPARTMENT/WU:**

**COMPETENCY:**

Performance improvement opportunity:

Steps to take:

Support to be provided by Manager/Supervisor:

Time frame for completion:

Desired results:

Follow-up review date(s):

**COMPETENCY:**

Performance improvement opportunity:

Steps to take:

Support to be provided by Manager/Supervisor:

Time frame for completion:

Desired results:

Follow-up review date(s):

**COMPETENCY:**

Performance improvement opportunity:

Steps to take:

Support to be provided by Manager/Supervisor:

Time frame for completion:

Desired results:

Follow-up review date(s):

**COMPETENCY:**

Performance improvement opportunity:

Steps to take:

Support to be provided by Manager/Supervisor:

Time frame for completion:

Desired results:

Follow-up review date(s):

**COMPETENCY:**

Performance improvement opportunity:

Steps to take:

Support to be provided by Manager/Supervisor:

Time frame for completion:

Desired results:

Follow-up review date(s):

SIGNATURES:

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_