

Performance Improvement Plan

Employee Name:

Date:

Department:

1. Explanation of current problem, including specific dates and examples (attach any additional documentation):

2. Why is this a problem for the Department or Doane University:

3. Has any prior discussion taken place with the employee concerning the same or similar reason? Explain (attach any additional documentation):

4. Specific changes in performance or behavior which must occur (including dates for compliance):

5. Employee and supervisor's plan to correct the problem:

6. Evaluation date:

***Note: Failure to correct this problem or any additional problem(s) may result in further disciplinary action up to and including termination prior to or after the evaluation date.**

EMPLOYEE COMMENTS:

SUPERVISOR COMMENTS:

Employee's Signature

Supervisor's Signature

Human Resources

Department Manager