

**SOUTHERN UNION STATE COMMUNITY COLLEGE
EMPLOYEE PERFORMANCE IMPROVEMENT PLAN FORM**

Employee

Supervisor:

Employee's Title:

Department:

SUPERVISOR: LIST THE ESSENTIAL FUNCTIONS/STANDARDS THAT REQUIRE IMPROVEMENT

SUPERVISOR: LIST SPECIFIC RECOMMENDATIONS FOR IMPROVEMENT

EMPLOYEE: RESOURCES/TOOLS NEEDED TO ACHIEVE IMPROVEMENT PLAN

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SUPERVISOR'S FOLLOW-UP

Must be conducted and documented within 90 days of the initial Performance Improvement Plan

EMPLOYEE PERFORMANCE PLAN FORM

EMPLOYEE'S COMMENTS

Signature below indicate understanding and acknowledgement of the performance improvement plan as discussed between employee and supervisor.

SIGNATURE:

Employee

Initial Date:

Follow-Up Date:

SIGNATURE:

Appropriate Dean/Department Chair

Initial Date:

Follow-Up Date: