

## PERFORMANCE IMPROVEMENT PLAN

**Date:**

**Name:**

**Department:**

Union College

The following constitutes the terms and conditions of this performance improvement plan and your continued employment with Union College.

1. You will be required to attend a (*weekly, bi-weekly, monthly – select one*) meeting, with ....., supervisor, department head, responsibility center head, etc. to discuss your progress. You will be notified of the time and location for these meetings.
2. You will continue to perform all duties as outlined in your job description. You will conduct yourself professionally at all times and work to solve problems that may arise. You will exhibit an efficient and productive work ethic, good communication abilities and sound time management skills.
3. You will acknowledge conversations with your employees.
4. You should continue to conduct yourself in a rational and professional manner.
5. You will promptly notify me of problems and concerns that arise. This communication can be done either in person, via the telephone or via email.

You must show immediate and sustained attention to these matters. I expect that you will inform me of difficulties you may be having and that you will note those areas where you feel you are improving. In turn, I will provide you with feedback and will offer support in the way of direction, tools, and services that may benefit you. I will do my best to support you in your efforts; however, the ultimate responsibility rests with you. In addition to our scheduled meetings, please be reminded that the offices of Human Resources and Affirmative Action are available to assist you, as necessary.

I will be reviewing your improvement efforts over the next (*3, 6, 9, or 12 – select one*) months. If you address the stated issues to a satisfactory level and it is sustained at that level, I will consider these issues resolved. If you fail to address the stated issues, or if you improve but subsequently fall below a satisfactory level, disciplinary action will be taken, up to and including termination of your employment. During the (3, 6, 9, or 12 – select one) month review period, Union College reserves the right to enact appropriate disciplinary measures up to and including termination of your employment.

**I have read, understand and will comply with the above Performance Improvement Plan.**

\_\_\_\_\_  
*Name*  
*Title*

\_\_\_\_\_  
*Supervisor/Department Head*  
*Title*

\_\_\_\_\_  
Eric Noll, SPHR, SHRM-SCP  
Chief HR Officer

cc: Responsibility Center Head & Department Head