

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 are required to immediately stop using any sick time that is not substantiated by a doctor's note and not considered in response to a serious illness under the American's With Disabilities Act (ADA) or the Family and Medical Leave Act (FMLA).

You must show immediate and sustained attention to this matter. I expect that you will inform me of difficulties you may be having. 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. Human Resources and Affirmative Action are available to assist you, as necessary.

I will be reviewing your improvement efforts over the next 12 months. If you address the stated issue to a satisfactory level and it is sustained at that level, I will consider these issues resolved. If you fail to address the stated issue, or if you improve but subsequently fall below a satisfactory level, you may expect termination of your employment. During the 12 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

