

**Spalding University**  
**Performance Improvement Plan (PIP)**

**Employee Name:**

**Meeting Date:**

**Supervisor Name:**

**Standard(s) of Performance Reviewed:**(check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Productivity                | <input type="checkbox"/> Goal Attainment |
| <input type="checkbox"/> Teamwork                    | <input type="checkbox"/> Quality         |
| <input type="checkbox"/> Time Management/Attendance  | <input type="checkbox"/> Conduct         |
| <input type="checkbox"/> Adherence to Policies/Rules | <input type="checkbox"/> Other (define): |

**Specific examples of current performance under review:**

**Improvement Plan** (what is expected, how it should be accomplished, any support provided, and in what timeframe – use SMART goal format):

**Acknowledgment:**

Employee (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Periodic Review Notes (see policy for specific intervals)**

<b>Comments</b>	<b>Employee Initials</b>	<b>Supervisor Initials</b>	<b>Date</b>
1.			
2.			
3.			
4.			
5.			
6.			

**CHECK ONE:**

[ ] Performance Improvement Plan satisfactorily completed on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[ ] Corrective Action Required (*attach and submit to Human Resources*)

Failure to meet and sustain improved performance may lead to further disciplinary action, up to and including termination. Corrective action may be taken in conjunction with, during, or after the performance plan.

**Reviewed and accepted by:**

**Employee (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Review completed by:**

**Supervisor (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Plan Review by:**

**Human Resources (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Performance Improvement Plan Appeal (if required):** \_\_\_\_\_

**Step 1 – Supervisor**

Appraisal Review Date		Appeal Notification Date (5 business days)		Response Received from Supervisor Date (5 business days)	
-----------------------	--	--	--	--	--

**Step 2 – Next Level Reviewer (if required)**

Step 1 Completion Date		Appeal Notification Date (5 business days)		Response Received from Next Level Reviewer Date (5 business days)	
------------------------	--	--	--	---	--

**Step 3 – HR (if required)**

Step 2 Completion Date		Appeal Notification Date (5 business days)		Response Received from Supervisor Date (10 business days)	
------------------------	--	--	--	---	--

**Step 4 – Senior Leadership (if required)**

Step 3 Completion Date		Appeal Notification Date (5 business days)		Response Received from Supervisor Date (10 business days)	
------------------------	--	--	--	---	--

*This performance plan is not intended to be an employment contract or guarantee of continuing employment.*

Copy: Employee

Original: Personnel File