

Administrative/Professional and Civil Service Employee
Performance Improvement Plan
Southern Illinois University

Employee Name:	Employee ID:	Date:
Job Title:	Department:	Evaluator:

1. Performance Evaluation: Date of most recent evaluation: _____
[Attach copy of current Job Description and current Performance Evaluation]

2. Check areas in need of improvement:
[Performance Evaluation area in which employee received marginal (M) or unsatisfactory rating (U)]

- | | | |
|--|---|--|
| <input type="checkbox"/> Job Knowledge | <input type="checkbox"/> Quality of Work | <input type="checkbox"/> Productivity |
| <input type="checkbox"/> Teamwork | <input type="checkbox"/> Initiative | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Adaptability |
| <input type="checkbox"/> Takes Direction | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Adherence to Guidelines |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Leadership | <input type="checkbox"/> Knowledge of Equipment |
| <input type="checkbox"/> Organization/Planning | <input type="checkbox"/> Safety/Security | |

3. Performance Improvement plan:
[For each area checked above ^, describe the changes needed to achieve the rating of 'Effective']

4. For each area needing improvement: Describe steps to improve performance: (Be Specific)

Employee will:

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5. Projected date for reaching effective rating (E): _____

6. Scheduled progress reviews. Example: daily, weekly, monthly
[Initiated by supervisor or employee]

7. Next performance evaluation will occur on: _____

8. Attach to the Performance Improvement Plan:

- Most recent performance evaluation
- Current job description

Our signatures certify that this employee and this supervisor met in person to discuss this performance improvement plan.

Employee Signature

Date

1st Level Supervisor

Date