

Please return completed form to Human Resources (176 Administration Building). Attach additional documentation if necessary.

Section I: Employee Information

Name: _____ Banner ID: _____

Date of Hire: _____ Job Title: _____

Section II: Performance Improvement Process Information

Level: _____ Previous Verbal Warnings: _____ Yes _____ No

_____ Initial Warning

_____ Level I (30 days)

_____ Level II (60 days)

_____ Level III (90 days)

Recommended to the Employee Assistance Program:

_____ Yes _____ No

Work Performance Issues:

Corrective Action To Be Taken:

Effective Date: _____ Release Date: _____

Section III: Signatures

Employee's Name: _____ Employee's Signature: _____
Date

Supervisor's Name: _____ Supervisor's Signature: _____
Date

Supervisor's Title: _____ Supervisor's Phone: _____

Section IV: Distribution

Original—Human Resources

Copy—Employee

Copy—Supervisor