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**Staff Performance Improvement Memorandum**

Date:

Employee Name:       Banner ID:

Department:       Position:

Department Phone:       Employee E-mail:

Supervisor Name:       Supervisor Phone:

The purpose of the Performance Improvement Memorandum is to identify performance concerns or policy violations and to establish a process for correcting such concerns. This process requires commitment to improvement.

**Pre-Counseling Conference**:

Description of performance management issue or policy violation:

Employee Comments:

Outcome of Pre-counseling conference:

**Performance Management Action**:

Written warning  Final warning  Suspension

Pre-counseling conference date(s):       Type of issue:

Prior Performance Improvement Memorandum (date):       Type of issue:

Final warning (date):       Type of issue:

Suspension start date:       Suspension end date:

**Supervisor Comments**

Description of performance management issue or policy violation:

Describe action(s), behavior(s), or incident(s); date(s); time(s); place(s):

Witness(es) and his/her/their observation(s):

Impact(s) of action(s), behavior(s), or incident(s) on the department or the University:

Expectations and acceptable standards of performance:

Action steps employee must take to correct issue:

Action steps supervisor must take to help employee succeed:

Employee Comments:

**Failure to achieve satisfactory performance, or to resolve concerns, may lead to further steps of performance management action up to and including termination.**

Staff may grieve the performance improvement memorandum within five working days. See Staff Grievance Policy for details. Staff may seek confidential assistance through the University’s Employee Assistance Program by calling 1-800-859-9319.

If an employee believes that a disciplinary action is the result of unlawful discrimination, harassment or retaliation, he/she may contact the University’s director of diversity and affirmative action.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department head signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human Resources signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Distribution:**

Copy to staff member

Copy to supervisor

Original to Human Resources