



POINT LOMA
NAZARENE UNIVERSITY

PERFORMANCE IMPROVEMENT PLAN

Employee Name _____ Department _____

Performance issue: (describe in detail the performance issue, citing examples)

Specific Improvements: (describe specific improvements needed)

Action Plan: (list in detail the steps needed to make these improvements)

Follow-Up Review Date: _____

Employee's Signature* _____ Date _____

**Signature indicates the Performance Improvement Plan has been reviewed with employee.*

Supervisor's Signature* _____ Date _____

**PERFORMANCE IMPROVEMENT PLAN
FOLLOW-UP REVIEW**

General Factor

- ☐ Employee has achieved the required improvement(s) as described on the Performance Improvement Plan, no further action is necessary.
- ☐ Employee has made some progress as described on the Performance Improvement Plan, but improvement(s) are still needed. Additional follow-up review is necessary.

Performance Issue: (describe in detail the performance issue, citing examples)

Next Follow-Up Review Date: _____

- ☐ Employee has made no improvement(s) as described on the Performance Improvement Plan, further action is necessary. *This section should be reviewed with the Human Resources Office prior to completing.*

Specific Improvements: (describe specific improvements needed)

Next Follow-Up Review Date: _____

Comments:

Employee's Signature* _____ Date_____

**Signature indicates the Performance Improvement Plan has been reviewed with employee.*

Supervisor's Signature* _____ Date_____