

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

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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

\_\_\_\_\_  
1<sup>st</sup> Level Supervisor

\_\_\_\_\_  
Date