**Formal Performance Improvement Counseling**

Employee Name: Employee ID:

Job Title: Department/Unit:

**Check One**: 🞎 Step 2- Formal Counseling/ 🞎 Step 3- Performance Warning and/or Suspension 🞎 Step 4- Demotion 🞎 Step 4- Termination

Description of the performance issue requiring improvement or correction (include specific dates, examples, and prior counseling/corrective action dates):

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Specific changes for performance improvement required and the time frame in which this must occur:

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**Failure of employee to correct performance may result in further disciplinary action up to and including termination of employment.**

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| **At Step 3 Only:** 🞎 Suspension from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hours suspended \_\_\_\_\_\_\_\_\_) (Date) (Date) 🞎 Performance Warning from \_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_ (not to exceed 90 days) (Date) (Date)(All performance expectations for the job must be met during this Performance Warning and/or Suspension/Final Written Warning Period annotated above; failure to meet all performance expectations during this time frame shall normally result in termination. Please be aware that within one year after the issuance of this Performance Warning and/or Suspension/Final Written Warning, if another performance and/or conduct issue arises, termination may result.) |
| **At Step 4 Only*:*** ⁯ TerminationEligible for rehire in the department⁯ Yes ⁯ NoEligible for rehire in another UVA department ⁯ Yes ⁯ No (consult with Employee Relations) |

Employee Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your signature is intended only to acknowledge receipt of this notice. It does not imply agreement or disagreement with the notice itself. If you refuse to sign, your supervisor will initial the form indicating that you received a copy. )

If you wish to appeal the corrective action noted above, you may do so within 30 days under the provisions of the Medical Center State Grievance Procedure. Please go to: [www.dhrm.virginia.gov/employmentdisputeresolution.html](http://www.dhrm.virginia.gov/employmentdisputeresolution.html).

Supervisor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original: Employee Relations (mail to: Box 800567 & fax to: 243-9538); Copy: Department File; Copy: Employee

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