EMPLOYEE NAME

ADDRESS

DATE

Subject: Notice of Improvement Needed – Performance Improvement Plan

Dear NAME,

As you are aware your work performance as TITLE is a vital part of the overall operation of the Department and our affiliated partners. Over the past XX months your overall performance has not met the expectations required of your position.

In order to further develop your skills and help improve your overall performance, I have outlined the following performance improvement plan. This plan will take effect immediately upon its delivery to you and will conclude in 90 days if successful.

Should you have any questions or would like clarification of expectations, metrics used and/or due dates, please let me know.

**Specific examples of performance deficiencies include:**

**Competency or Performance category: (INSERT i.e. Accountability):**

Description…. (Details regarding the problem, any specific examples you want to cite and statement of expectation moving forward)

**Competency or Performance category: (INSERT i.e. Service):**

Description…. (Details regarding the problem, any specific examples you want to cite and statement of expectation moving forward)

**Competency or Performance category: (INSERT i.e. Problem-Solving):**

Description…. (Details regarding the problem, any specific examples you want to cite and statement of expectation moving forward)

In order to be successful in your role as (title), you must make significant changes in your work. In order to further develop your skills and help improve your overall performance, I have outlined the following performance improvement plan.

**Improvement Plan:**

**SET THE TIME FRAME: Within 90-days,**

* *Complete TASK*
* *Attend training, TASK*
* *Contribute TASK*

**Resources Available:**

* If there are issues outside of the office that are causing or contributing to some of your work performance problems, I strongly urge you to seek assistance from the University’s Faculty and Employee Assistance Program (FEAP). They may also be able to assist you with issues related to time management, workload prioritization, etc. Comprehensive information about FEAP, including contact information, is available at <https://www.uvafeap.com>
* Visit the UVA Human Resources website (http://www.hr.virginia.edu/) to review classes and opportunities that will provide you with the opportunity to create your own personal learning plan.
* For questions about Benefits you may contact a Benefits Consultant at [leave@virginia.edu](mailto:leave@virginia.edu) or by calling AskHR at 434-243-3344.

**Follow-up:**

In addition to the due dates listed above, we will continue to have weekly check-in meetings along the way to review your progress on <EVERY TUESDAY AT 1:30PM> or <DATE, DATE, and DATE>. There will also be a formal review of your performance at the end of the 90-day improvement period. A final copy of this plan and results will be saved with your 202X annual evaluation.

By signing below, you are agreeing you will work to the best of your abilities to improve upon the items

listed above. You are agreeing to meet with your supervisor at the scheduled intervals and provide

feedback to the process. You understand that failure to achieve and sustain significant improvement may

lead to further disciplinary action, up to and including termination.

Employee Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_­­\_\_\_\_