

**Eastern Michigan University
Performance Improvement Plan**

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|------------------------------|---|
| Employee Name: | Progress Meetings: May Schedule Bi-Weekly |
| Department: | First Review Date: Thirty (30) Calendar Days |
| Classification Title: | Second Review Date: Sixty (60) Calendar Days |
| Salary/Grade: | Final Review Date: Ninety (90) Calendar Days |
| Time Period: | |

1. **(a.) Performance Deficiency:** *(Please provide specific examples for sections (a.) and (b.))*

(b.) Behavior or Results Desired by Management:

(c.) Action Employee Will Take to Correct Deficiency: *(To be completed by Employee & Management)*

(d.) Action Management Will Take to Assist Employee to Correct Deficiency: *(To be completed by Employee & Management)*

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____