

Employee PIP – Feedback

(To be submitted to Human Resources and Institutional Equity at conclusion of plan)

Employee Name: _____	Date: _____
Department: _____	
Job Title: _____	
Supervisor: _____	

On _____, you were placed on a Performance Improvement Plan (PIP) due to serious areas of concern, gaps in your work performance, reiterate university expectations, and allow you the opportunity to demonstrate improvement and commitment. Below is a recap of our discussions during this performance improvement period.

1st Meeting Date:

Discussion topics/outcome: *(Attach additional notes if additional space is needed)*

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2nd Meeting Date:

Discussion topics/outcome: *(Attach additional notes if additional space is needed)*

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3rd Meeting Date:

Discussion topics/outcome: *(Attach additional notes if additional space is needed)*

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After reviewing your results over the plan period, I have determined that you:

- Have achieved the required improvement. I am pleased you were able to meet the plan requirements and am confident that you will maintain this level of performance in the future. Should there be any re-occurrence of these issues, we will re-evaluate.
- Some improvements have occurred. However, they are not significant enough to warrant closing the plan. The PIP will be extended for an additional 30/60/90 days.
- Have not achieved the required improvement described above. You continue to experience problems and leave me no other option than to move further in the disciplinary process. The next step in this process will be a:
 - Verbal Warning
 - Written Warning
 - Final Warning
 - Suspension
 - Termination

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The signatures below indicate that this document was received and that the material(s) reviewed and discussed between the supervisor and employee.

Additional information and resources regarding the university's progressive discipline process can be found on Human Resources' website: <https://www.pfw.edu/offices/human-resources/employee-relations/discipline>.

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

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