



NOTICE OF REQUIRED PERFORMANCE IMPROVEMENT

Employee Information

Employee Name: _____ Date: _____
 Employee UIN: _____ Job Title: _____
 Supervisor: _____ Dept/Unit: _____

You are being counseled for the following reason(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Unsatisfactory Job Performance | <input type="checkbox"/> Inadequate Job Knowledge | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Excessive Absenteeism | <input type="checkbox"/> Unauthorized leave or absences | <input type="checkbox"/> Violation of policies or safety rules |
| <input type="checkbox"/> Other: _____ | | |

Details

Description: *(Include dates and specific examples.)*

Plan for Improvement:

Consequences:

Noncompliance could lead to additional disciplinary action up to and including termination.

Acknowledgement of Receipt

By signing this form, you confirm you understand the information above and that you and your supervisor have discussed a plan for improvement. Signing this form does not necessarily indicate that you agree with this assessment. A copy will be placed in your personnel file.

Employee Signature

Date

Supervisor Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date