WHEELING
JESUIT UNIVERSITY

PERFORMANCE IMPROVEMENT PLAN

Name:_____

Title:_____

Department: _____

STATUS: _____ Administration _____ Staff
_____ Full-time _____ Part-Time

COMMENTS (Why is the employee being placed on a P.I.P.): _____

_____

_____

DUE DATE (No less than ninety (90) days from date of employee receipt):_____

ISSUE(S) TO BE ADDRESSED:	**REMEDIAL ACTION / TRAINING:**

_____ _____
EMPLOYEE **DATE**

_____ _____
SUPERVISOR **DATE**

_____ _____
EXECUTIVE ADMINISTRATOR **DATE**

_____ _____
DIRECTOR OF HUMAN RESOURCES **DATE**

ORIGINAL TO: PERSONNEL FILE
COPIES TO: EMPLOYEE
ANNUAL ATTENDANCE FILE