



## Performance Improvement Process Notification Form

Please return completed form to Human Resources (165 Administration Building). Attach additional documentation if necessary.

### Section I: Employee Information

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_

### Section II: Performance Improvement Process Information

Level: \_\_\_\_\_ Initial Warning \_\_\_\_\_ Previous Verbal Warnings: \_\_\_\_\_ Yes \_\_\_\_\_ No  
\_\_\_\_\_ Level I (30 days)  
\_\_\_\_\_ Level II (60 days) Recommended to the Employee Assistance Program:  
\_\_\_\_\_ Level III (90 days) \_\_\_\_\_ Yes \_\_\_\_\_ No

Work Performance Issues:

Corrective Action To Be Taken:

Effective Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

### Section III: Signatures

Employee's Name: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_  
Date

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
Date

Supervisor's Title: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

### Section IV: Distribution

Original—Human Resources

Copy—Employee

Copy—Supervisor