

**Eastern Michigan University  
Performance Improvement Plan**

<b>Employee Name:</b>	<b>Progress Meetings:</b> May Schedule Bi-Weekly
<b>Department:</b>	<b>First Review Date:</b> Thirty (30) Work Days
<b>Classification Title:</b>	<b>Second Review Date:</b> Sixty (60) Work Days
<b>Salary/Grade:</b>	<b>Final Review Date:</b> Ninety (90) Work Days
<b>Effective Date:</b>	

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:** \_\_\_\_\_