

Date: DATE

To: EMPLOYEE

From: SUPERVISOR

Re: Performance Improvement Plan

As discussed, there are several areas of your performance which require your immediate attention. Therefore, you are being placed upon a performance improvement plan for up to **90** days. This probationary period will begin on **DATE** and end no later than **DATE**. During this time we will meet to formally review your progress and provide training as warranted.

INSERT DETAILS REGARDING PERFORMANCE LAPSES.

INSERT PERFORMANCE EXPECTATIONS.

If you are unable to meet these performance expectations, further disciplinary action will be taken, up to and including termination of your employment.

During your employment in **DEPARTMENT**, you have gained valuable knowledge about the processes at Oklahoma State University and we are hopeful that the current situation can be corrected. In an effort to assist you in accomplishing these goals I will periodically meet with you to discuss your progress. Our first meeting will be **TIME, DATE**.

If you feel you have not been provided adequate training or if there are questions regarding your position, or your performance improvement plan please ask me.

Signature (signifies receipt of PIP)/Date

Witness/Date

C: Administrative Officer
Human Resources