MISSISSIPPI DELTA COMMUNITY COLLEGE

Performance Improvement Plan

This form documents a plan for required performance improvement when an employee's overall performance does not meet minimum expectations.

Employee Name: _____ **Employee I.D. #**: _____

Department: _____ **Campus/Center (Check One)**: ☐ Greenville ☐ Greenwood ☐ Indianola ☐ Moorhead

Last Evaluation Date:_____

Job Responsibilities/Priorities

List the employee's primary job responsibilities that require attention and describe the specific improvement that is needed to meet minimum expectations.

Job Responsibility:
Specific Improvements Required:

Job Responsibility:
Specific Improvements Required:

Job Responsibility:
Specific Improvements Required:

Job Responsibility:
Specific Improvements Required:

Job Responsibility:
Specific Improvements Required:

Job Responsibility:
Specific Improvements Required:

(Attach additional sheets of paper if necessary)

Plan Establishment

Support to be provided by Supervisor (e.g. training, equipment, etc.)

Plan Establishment Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Division's Vice President: _____ Date: _____

Follow-Up Review

Dates of follow-up discussions:

Follow-up Review: ***(to be completed within 60 days)***

☐ **Employee has achieved the required improvement described above.**
☐ **Employee has not achieved the required improvement described above.**

Follow-up Review Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Division's Vice President : _____ Date: _____

After the follow-up review is completed, provide a copy to employee, retain a copy for department file, and send original to the Human Resource Department.