



SOUTHERN UNIVERSITY AT NEW ORLEANS Notice of Improvement Needed/Unacceptable Performance

Evaluation Period: _____

Employee Name: _____

Supervisor: _____

Department: _____

Title: _____ Date of Hire: _____

This form documents that you must make immediate improvement in the performance of your duties. Continued poor performance as described below may result in an overall “Unacceptable Performance” rating on the annual performance evaluation conducted in this performance cycle.

PART I. DESCRIPTION OF SPECIFIC PERFORMANCE DEFICIENCIES AND IMPROVEMENTS

NEEDED:

Comments: _____

Part II. IMPROVEMENT PLAN:

Comments: _____

Signatures below indicate that the meeting was held with employee.

Supervisor's Signature: _____ Date: _____

Reviewer's Comments: _____ Date: _____

Reviewer's Signature: _____

Employee's Comments: _____ Date: _____

Employee's Signature: _____

NOTE: An employee who receives at least one Improvement Needed form during the performance cycle may receive an overall "Below Contributor" rating on the performance evaluation conducted in the same performance cycle. Receipt of one or more of these forms does not automatically warrant a "Below Contributor" rating.