



SOUTHERN UNIVERSITY AT NEW ORLEANS Performance Improvement Plan: Follow-up

Evaluation Period: _____

Employee Name: _____

Supervisor: _____

Department: _____

Date of Hire: _____

30 day check-in date: _____

60 day check-in date: _____

90-day check-in date: _____

Employee has achieved the required improvement

Describe: _____

Employee has not achieved the required improvement
(Supervisor: Contact Human Resources prior to review meeting.)

Describe:

Signatures below indicate that the meeting was held with employee.

Employee's Signature: _____ Date Discussed: _____

Supervisor's Signature: _____ Date Discussed: _____

NOTE: When the PIP Follow-up form is completed at 90 days, provide a copy of signed documents to the employee and retain a copy of the documents in the department. Supervisor or unit designee. Scan and email to Human Resources weblink.