New Mexico State University

*Performance Improvement Plan*

**PERFORMANCE**

ISSUES/CONCERNS OBJECTIVES TIME FRAME DATE & TIME FEEDBACK

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**Employee Acknowledgement Supervisor Acknowledgement Date**

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| Responsibilities Inventory | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | |  | | Code: | | | E Excellent | | | | |
|  | | |  | | | | | | | | | | |  | |  | | | S Satisfactory | | | | |
|  | | |  | | | | | | | | | | |  | |  | | | N Needs Improvement | | | | |
|  | | |  | | | | | | | | | | |  | |  | | |  | | | | |
| **Duties, Tasks & Responsibilities** | **Employee Names** |  | |  |  |  |  |  |  |  |  |  |  | |  | |  |  | |  |  |  |  |
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**Employee Acknowledgement Supervisor Acknowledgement Date**

**ACTION PLAN for** **Date:**

**Program Objectives:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Major Activities** | **Criteria for Evaluation**  **And/or Documentation** | **Person(s)**  **Responsible** | **Major Resources** | **Time Frame** |
|  |  |  |  |  |

Technical Assistance Needs (if applicable):

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**Employee Acknowledgement Supervisor Acknowledgement Date**

**ACTION PLAN**  **Date:**

**Goal:**

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| --- | --- | --- | --- |
| **Objectives** | **Major Activities** | **Major Resources** | **Time Frame** |
|  |  |  |  |

### Goal = what you want to accomplish

Objectives = measurable accomplishments in support of goal

Activities = steps to accomplish objectives (include time, cost, responsibilities, etc.)

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Employee Acknowledgement Supervisor Acknowledgement Date

New Mexico State University

*Performance Improvement Plan*

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| EMPLOYEE’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANNER ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUPERVISOR’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEW PERIOD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

List employee’s primary job responsibilities and describe the specific improvement required to meet minimum expectations.

PRIORITY Job Responsibility:

*Improvement Required:*

PRIORITY Job Responsibility:

*Improvement Required:*

PRIORITY Job Responsibility:

*Improvement Required:*

PRIORITY Job Responsibility:

*Improvement Required:*

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Employee Acknowledgement Supervisor Acknowledgement Date

**New Mexico State University**

***Performance Improvement Plan***

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Banner Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Counseling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Statement of the Problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Action Plan:**

**What is to be accomplished? When to be completed?**

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**3. Dates for Review of Action Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Action recommended if change does not occur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**