



## Performance Improvement Plan Report

Name:	Department:	Performance Improvement Plan		
Job Title:	Supervisor:			
<i>Instructions: This form is to be used at a minimum of quarterly when a Performance Improvement Plan has been put in place. The completed form should be reviewed with the employee, and then sent to Human Resources to be maintained in the Employee's File.</i>				
<b>Codes: IN – Improvement Necessary, AI– Additional Improvement is Required, ND- Not Demonstrated Necessary Improvement. Place an X in each column under the appropriate rating.</b>				
Review Area	IN	AI	ND	Comments
Commitment to the Molloy University Mission				
Quality of Work				
Commitment/Dependability				
Community Participation/Teamwork				
Interpersonal Skills				
Organization and Planning				
Tech Skills				
Job Knowledge				
Communication				
Management				
Leadership				
Training and Development				
Date of Review:			Reviewed By:	
Employee Signature:			Reviewers Signature:	