



Performance Improvement Plan Report

Name:	Department:	Performance Improvement Plan	<input type="checkbox"/>		
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>					
Codes: IN – Improvement is Noted, DE – Demonstrated Progress with Additional Training Needed, AL – Additional Improvement is Required, ND - Not Demonstrated Necessary Improvement. Place an X in each column under the appropriate rating.					
Review Area	IN	DP	AL	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:		