**Department XXXX**

Eastern Washington University

Cheney, WA 99004-2445

To: [FACULTY NAME AND TITLE]

From: [SUPERVISOR NAME AND TITLE]

Date: \_/\_/\_

Re: Performance Improvement Plan

This is to advise you that you have failed to meet your performance expectations in the areas described below and are therefore being placed on a performance improvement plan (PIP). The intent of this plan is to help you develop the knowledge, skills, and abilities necessary to perform your duties at a satisfactory level. While this plan is non-disciplinary, failure to meet the goals stated in the plan may be grounds for disciplinary action up to and including termination.

Duration: This PIP will be in effect for [AMOUNT OF TIME] from [DATE]. During the course of the PIP, I will meet with you on a [WEEKLY/BI-WEEKLY/MONTHLY] basis to discuss your progress on the goals in the PIP. Those meetings will be held in [OFFICE] at [TIME AND FREQUENCY].

Plan: You have failed to meet the following performance standards:

1. Standard/Expectation: [QUOTE VERBATIM FROM PERFORMANCE APPRAISAL FORM]

Observed Performance: [DESCRIBE WAYS IN WHICH EMPLOYEE FAILED TO MEET STANDARD. WHEN POSSIBLE, USE SPECIFIC DATES, PRODUCTION GOALS, ETC.]

Action Plan: [DESCRIBE ACTIVITIES INTENDED TO ADDRESS ISSUE AND BUILD EMPLOYEE’S SKILLS IN THAT AREA]

1. Standard/Expectation: [QUOTE VERBATIM FROM PERFORMANCE APPRAISAL FORM]

Observed Performance: [DESCRIBE WAYS IN WHICH EMPLOYEE FAILED TO MEET STANDARD. WHEN POSSIBLE, USE SPECIFIC DATES, PRODUCTION GOALS, ETC.]

Action Plan: [DESCRIBE ACTIVITIES INTENDED TO ADDRESS ISSUE AND BUILD EMPLOYEE’S SKILLS IN THAT AREA]

1. [ETC.]

Developmental Activities: In addition to the action plan items above, I am assigning or making available to you the following developmental activities. Activities which are assigned must be completed (and evidence of completion provided to me) by the date shown; activities which are offered are not a requirement of the PIP but may be helpful to you and which you may pursue at your own discretion.

1. [DESCRIBE ASSIGNED ACTIVITY AND DATE DUE]
2. [DESCRIBE OFFERED ACTIVITY]
3. [ETC.]

Past Corrective Action: You were previously warned, coached, and/or counseled about your failing performance on the following dates: \_/\_/\_

Employee Assistance Program: If you believe that a personal issue (such as a medical condition, financial problems, substance abuse, or a family/relationship issue), you may contact the Employee Assistance Program (EAP). The EAP may be able to refer you to a counselor or other specialist who may be able to help you resolve the issue. All such contact is completely confidential; the EAP will not report any of the details of your contact to management. You may reach the EAP at (877) 313-4455 or through their website located at http://www.hr.wa.gov/EAP/Pages/default.aspx.

Reasonable Accommodation: If you have a disability that you believe may be affecting your performance, you have the right to request a reasonable accommodation under the Americans with Disability Act (ADA). Please be aware that the ADA does not require the University to alter or reduce performance standards or essential functions of your position; it does, however, require the University to engage in an interactive process with you to find ways to mitigate the impact of your disability on your performance. If you wish to inquire about reasonable accommodation, please contact Human Resources, Rights, and Risk at (509) 359-2381.

If you have any questions regarding this matter, you may contact me at (509) 359-####.

Cc: HRRR/Labor Relations

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Employee Signature and Date of Receipt

*Your signature above only signifies that you received this document, and does not signify that you accept or agree with its contents.*