

# CHICAGO STATE UNIVERSITY

## PERFORMANCE IMPROVEMENT COUNSELING FORM

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EMPLOYEE NAME

UID

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DEPARTMENT

SUPERVISOR

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Date of Discussion: \_\_\_\_\_

**DESCRIPTION OF PERFORMANCE CONCERN/POLICY VIOLATION:**

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**NARRATIVE OF DISCUSSION WITH EMPLOYEE: (Outline what you specifically told the employee)**

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**CORRECTIVE ACTIONS REQUIRED:**

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**FOLLOW-UP DATE:** \_\_\_\_\_

(Date Supervisor will have follow-up discussion with Employee to monitor performance)

The purpose of Performance Improvement Counseling is to identify performance concerns or policy violations and to establish a process for correcting such concerns. This process requires commitment to improvement; failure to achieve satisfactory performance, or to resolve problems, may lead to further steps of Performance Improvement Process or disciplinary actions.

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EMPLOYEE SIGNATURE

DATE

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SUPERVISOR SIGNATURE

DATE

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DEPARTMENT HEAD SIGNATURE

DATE

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WITNESS SIGNATURE

DATE

\_\_\_\_ Copy given to Employee

\_\_\_\_ Copy to Human Resources

\_\_\_\_ Original in Manager's file