

▶ Performance Improvement Plan: Goal Setting

Employee Name: _____ Supervisor Name: _____
PERNR: _____ Department/Unit: _____

Performance Goal	Steps to achieve (including support needed from supervisor)	Completion Date

30 day check-in date: _____ 60 day check-in date: _____

Signatures below indicate that the above goals were reviewed with the employee.

Employee Signature: _____ Date of discussion _____
Supervisor Signature: _____ Date of discussion _____

When the **PIP Goal Setting form** is completed, provide a copy of signed documents to the employee and retain a copy of the documents in the department. Supervisor or unit designee: Scan and email signed form from an MSU email address to: performance@hr.msu.edu. MSU is an affirmative-action, equal-opportunity employer.



Employee Name: _____ **Supervisor Name:** _____

PERNR: _____ **Department/Unit:** _____

30 day check-in date: _____

60 day check-in date: _____

90 day check-in date: _____

Employee has achieved the required improvement

Describe:

Employee has not achieved the required improvement (Supervisor: Contact MSU Employee Relations prior to review meeting.)

Describe:

The following signatures indicate that the review meeting was held.

Employee Signature: _____ **Date of discussion** _____

Supervisor Signature: _____ **Date of discussion** _____

When the **PIP Follow-up form** is completed at 90 days, provide a copy of signed documents to the employee and retain a copy of the documents in the department. Supervisor or unit designee: Scan and email signed form from an MSU email address to: performance@hr.msu.edu. MSU is an affirmative-action, equal-opportunity employer.

