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| **VIRGINIA COMMONWEALTH UNIVERSITY**  **NOTICE OF NEEDS IMPROVEMENT** |

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| Employee Name: | Employee V-ID#: |
| Working Title: | Department/Division: |

This form documents that you must make immediate improvement in the performance of your duties. Continued poor performance as described below may result in an overall “Below Expectations” or “Needs Improvement” rating on the annual performance evaluation conducted in this performance cycle.

Description of specific performance deficiencies and improvements needed:

Improvement plan:

Supervisor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer’s Comments:

Reviewer’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Comments:

Employee’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: An employee who receives at least one Notice of Improvement Needed form during the performance cycle may receive an overall “Below” or “Needs Improvement” rating on the performance evaluation conducted in the same performance cycle. Receipt of one or more warnings does not automatically warrant a “Below” or “Needs Improvement” rating.

**A copy of this signed document should be submitted to VCU Human Resources Employee Relations.**