



Oklahoma Baptist
UNIVERSITY
Performance Development Program
Performance Improvement Plan

Staff Member: _____ Job Title: _____

Department: _____ Date: _____

JOB RESPONSIBILITIES AND COMPETENCIES

List the staff member's primary job responsibilities that require attention and describe the specific improvement that is needed to meet the minimum expectations.

Job Responsibility/Competency: _____

Specific Improvements Required: _____

Job Responsibility/Competency: _____

Specific Improvements Required: _____

Job Responsibility/Competency: _____

Specific Improvements Required: _____

(Use Additional Sheets if Necessary)

Follow-Up Review to be conducted within _____ Days.

Follow-Up Review Signatures

Staff Member: _____ Date: _____

Supervisor: _____ Date: _____

Reviewing Official: _____ Date: _____

Follow-Up Review

Staff member has achieved the requirement improvement(s) described above. Yes * No **

Staff Member: _____ Date: _____

Supervisor: _____ Date: _____

Reviewing Official: _____ Date: _____

**If yes, an additional Performance Improvement Plan is not required but may be appropriate.
If no, an additional Performance Improvement Plan **must be completed and filed.*