**University of Pittsburgh Schools of the Health Sciences**

**Postdoctoral Performance Improvement Plan**

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| NAME: | Last, First |
| SCHOOL:  | Choose a School | DEPARTMENT: | Enter department name |
| DATE OF APPOINTMENT: | Click here to enter a date. | EMPLOYMENT CLASSIFICATION:  | Choose an item. |
| YEAR: | Choose a year, or type here for other. | DATE OF PLAN: | Click here to enter a date. |

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| **Area of Concern** |  |
| Please identify competency or performance factor: Click here to enter text. | Timeline |
| Steps to Improvement | Click here to enter text. | Click here to enter text. |
| Outcomes Specified | Click here to enter text. | Click here to enter text. |

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| **Area of Concern** |  |
| Please identify competency or performance factor: Click here to enter text. | Timeline |
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| Outcomes Specified | Click here to enter text. | Click here to enter text. |

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| **Area of Concern** |  |
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| Steps to Improvement | Click here to enter text. | Click here to enter text. |
| Outcomes Specified | Click here to enter text. | Click here to enter text. |

**SIGNATURES**

Enter Typed Name

*Postdoctoral Associate or Postdoctoral Scholar*

Enter Typed Name

*Faculty Mentor/Supervisor*

Enter Typed Name

*Department Chair or Designee*

**PLEASE ENTER**

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*Postdoctoral Associate or Postdoctoral Scholar Date*

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*Faculty Mentor/Supervisor Date*

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*Department Chair or Designee Date*

**PLEASE SIGN**