Utah National Guard
Performance Management Program
Written Decision

EMPLOYEE NAME	Last	First	Middle Initial

POSITION TITLE	GRADE/STEP	RATING PERIOD
	/	From To
AGENCY/OFFICE		DATE COMPLETED

Date Issued:

The employee named above is began a *Performance Improvement Plan* on and completed it on .

During this period, his/her progress was closely monitored for improvement so that a determination could be made as to whether he/she has met the requirements of the *Performance Improvement Plan*. The following decision has been made based on this information:

- ☐ The employee requires further observation; therefore the *Performance Improvement Plan* shall be extended for another 30 to 90-day period, which begins on and ends on .
- ☐ The employee has failed to meet the required standards and shall be reassigned to
- ☐ The employee has failed to meet the required standards and shall have his/her pay grade reduced to /
- ☐ The employee has failed to meet the required standards and shall be removed/terminated.
- ☐ The employee has met the required standards and shall have his/her annual performance rating, which is currently due on deferred until which is 30 days after the completion of the *Performance Improvement Plan*
- ☐ The employee has met the required standards and shall retain his/her current position and salary.

WRITTEN DECISION

In the box below, please justify the above decision with a written explanation that provides a detailed description of the employee's performance during the rating period and progress during the improvement period.

Supervisor's/Rater's Name & Signature Date
This determination is based on my personal knowledge and observations of the employee's performance

Employee's Name & Signature Date
This decision has been thoroughly discussed with me on this date

Reviewer's Name & Signature Date
This determination has been reviewed by me and receives my approval

HRO Representative (HRDS) Name & Signature Date
This determination has received a second-level review and receives my approval