

# Performance Coaching Record

Employee Name	<input type="text"/>	R#	<input type="text"/>
Position Title	<input type="text"/>	Hire date in position	<input type="text"/>
Department	<input type="text"/>	Supervisor	<input type="text"/>

This form is to be used to document a specific coaching session with the employee. Please reference HSCEP OP 70.31 and the Supervisor's Guide to Improving Employee Performance or contact the Human Resources Department for additional guidance.

1. Describe the performance concern(s) being addressed in this coaching:

2. Summarize, with dates, previous efforts made to improve the employee's performance:

3. The employee documents here his or her response to the information presented:

4. Document the performance improvement plan with time frames developed in collaboration with the employee:

5. Document the follow-up plan for supporting the employee's performance improvement:

**Note: Failure of the employee to resolve the performance concern(s) may lead to further corrective action including termination.**

Signing this document does not signify agreement, but indicates you have had an opportunity to review this document with your Supervisor and that you have received a copy of this document. Employee signature required to acknowledge receipt.

Employee's signature \_\_\_\_\_ Date

Supervisor's signature \_\_\_\_\_ Date

Copy to employee ***(required)***

Attachments:

Supervisor's desk file ***(required)***

Texas Tech University Health Sciences Center El Paso  
**Formal Corrective Action Record**

Employee Name \_\_\_\_\_ R# \_\_\_\_\_

Position Title \_\_\_\_\_ Hire date in position \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

This form is to be used to document a specific formal corrective action taken with the employee. Please reference HSCEP OP 70.31 or contact HR for guidance. The Supervisor completes this form before presenting to Human Resources (HR) or to the Employee.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Notice of Corrective Action**

**Notice of Corrective Action with Suspension (Requires AVPHR review PRIOR to presenting to employee)**

**Final Notice of Corrective Action (Requires AVPHR review PRIOR to presenting to employee)**

1. List all previous communications with the employee regarding performance with type of action(s), issue(s) and date(s):

2. Describe the specific performance concern(s) addressed referencing specific policy(ies) not being met:

3. Document the specific corrective actions and timelines required of the employee to improve performance.

4. Document the follow-up plan for supporting the employee's performance improvement plan.

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

AVPHR Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Required for Corrective Action with Suspension or Final Notice of Corrective Action PRIOR to presenting to the employee. \*\*

Signing this form does not indicate agreement but does signify that you have had an opportunity to review this document with your Supervisor and that you have received a copy of the document. Employee signature is required to acknowledge receipt.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: \*Failure of the employee to resolve the performance concern(s) may lead to further corrective action including termination.**

**\*Employees receiving Formal Corrective Action will be ineligible for transfer or promotion for a period of six months.**

Copy to employee **(required)**

Attachments

Completed, signed forms to HR **(required)**

Empty rectangular box for long comments or answers.

## Separation or Termination of Employment Record

Name of Employee \_\_\_\_\_ R# \_\_\_\_\_

Employee's Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_

School / Division \_\_\_\_\_ Department \_\_\_\_\_ Campus \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Department Official's Name \_\_\_\_\_ Title \_\_\_\_\_  
(Director, Administrator, Chair, or other)

Requested effective date of separation or termination \_\_\_\_\_

### Type of Separation or Termination

- | <b>Voluntary</b>   | <b>Administrative</b>  | <b>Misconduct</b>       |
|--|------------------------|-------------------------|
| (Resignation with letter, use ePAF)                                    | ___ Reorganization     | ___ Behavior violations |
| ___ Quit without notice  | ___ Reduction in force | ___ Failure to perform  |
| ___ Failing to return from leave                                       | ___ Funding factors    | ___ Failure to achieve  |
| ___ Missing three consecutive shifts<br>without proper notice to dept. | ___ Completion of work | corrective actions      |
| ___ Other  | ___ Other              | ___ Other               |

Explain:

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### Attachments:

- |  |  |
|--|--|
| ___ Request to Separate or Terminate memorandum        | ___ Letter to Employee                 |
| ___ Corrective Action documents                        | ___ Most recent Performance Evaluation |
| ___ Leave status confirmation from Leave Administrator | ___ Other:                             |

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### Separation or Termination Requested by:

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Official \_\_\_\_\_ Date \_\_\_\_\_  
(Director, Administrator, Chair, or other)

**Please deliver the separation packet to local the Human Resources Assistant Vice President Human Resources or designee for processing by HR.**  
**For Human Resources Use Only**

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**Review by Assistant Vice-President for Human Resources or designee:** Comments or recommendation:

Signature by AVPHR or designee \_\_\_\_\_ Date \_\_\_\_\_

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### Separation or Termination approved Executive Official designee:

Signature of Executive Official \_\_\_\_\_ Date \_\_\_\_\_