

PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE NAME: _____ PERSONNEL #: _____
JOB TITLE: _____ POSITION #: _____
CABINET/DEPT. NAME: _____ DIV./BRANCH: _____
SUPERVISOR'S NAME: _____ REVIEW PERIOD: ____/____/____ to ____/____/____
FIRST INTERIM REVIEW: _____ SECOND INTERIM REVIEW: _____ THIRD INTERIM REVIEW: _____ OTHER: _____

(PLEASE INDICATE FOR WHICH INTERIM REVIEW THIS PERFORMANCE PLAN WAS DEVELOPED)

This is to provide you with a formal Performance Improvement Plan in order to correct performance in areas that need improvement. To meet the expectations established for your position, you must improve in the specific area(s) noted below and continue successful performance in all other areas.

Performance Improvement Areas:
Specific areas which need improvement.

Performance Improvement Plan:
Corrective action to be taken and dates for conferences. (Additional sheets may be added if needed).

What resources or support, if any, will be provided to assist the employee in making the required improvement? (Additional sheets may be added if needed).

DATE OF NEXT CONFERENCE: ____/____/____

Performance Improvement Plan Outcome:
Specific results or outcome of performance plan; details on next steps.

This is to acknowledge that I have, on the date indicated below, discussed the areas of performance improvement and the corrective action as indicated by my supervisor. My supervisor has notified me that if my work performance does not improve, it may result in a low rating at the time of the annual performance evaluation.
In compliance with 101 KAR 2:180, "If an employee receives an overall rating of "Unacceptable", the agency shall 1) Demote the employee to a position commensurate with his/her skills and abilities; or 2) Terminate the employee."

My supervisor and I agree to work together to enable me to improve my performance to a successful level.

Employee's Signature: _____

Date: ____/____/____

Employee Comments:

Supervisor's Signature: _____

Date: ____/____/____

Supervisor's Comments:

Witness Signature: _____

Date: ____/____/____

(Witness signature required if employee refuses to sign)

Next Line Supervisor's Signature: _____

Date: ____/____/____