

PERFORMANCE IMPROVEMENT PLAN

Use this form when an employee's performance does not meet standards and needs improvement

Demographic Data

Employee Name _____ UKID# _____ - _____ - _____
Last First MI

Supervisor Name _____ Department _____ Department Number _____

Position Number _____ Job Title _____

Review Period _____ through _____ Type of Evaluation (select one): ☐ Mid-Year ☐ Annual

Purpose of this PIP: ☐ Coaching ☐ Oral Warning ☐ Written Warning ☐ Corrective Action Probation ☐ Documentation of Suspension

Section One: to be completed by Supervisor

List the employee's Essential Functions and standards that require attention and describe the specific improvement(s) needed to meet those standards.

Essential Functions:

Job Standards requiring improvement (define the problem):

Specific improvement needed (identify what needs to be done differently):

Steps to achieve this improvement (training, equipment, feedback, etc.):

Section Two: To be completed by Employee

List any notable obstacles you encountered in performing your Essential Functions during the evaluation period.

Do you have any questions about what is expected of you in your Essential Functions? Please explain.

How can we work together to help you improve in the above areas?

In your current position, what additional training would be helpful in preparing you to do your job more effectively?

Is there anything else you would like to include in this Performance Improvement Plan?

Upon establishment of this plan, obtain the following signatures. Give one copy to the employee, and maintain the other in the departmental file. Failure to achieve and sustain improvement may lead to further corrective action.

Employee Signature: _____

Date: ____/____/____

Immediate Supervisor Signature: _____

Date: ____/____/____

Next Level Supervisor Signature: _____

Date: ____/____/____

Section Three: Follow-Up

The supervisor must conduct and document a follow-up review 30 to 90 days after the establishment of the Performance Improvement Plan. This follow-up may indicate a need for an additional review.

Dates of follow-up discussions with employee:

Status: ☐ Resolved ☐ Other (explain)

**If not resolved after 90 days, contact Employee Relations to determine appropriate action.*

Follow-up Review Signatures:

Employee Signature: _____

Date: ____/____/____

Immediate Supervisor Signature: _____

Date: ____/____/____

Next Level Supervisor Signature: _____

Date: ____/____/____

Note: When the Performance Improvement Plan is completed and signed, provide a copy to the employee, retain a copy for department file, and send original to Human Resources. Hospital employees send original to Room 21 Scovell Hall, 0064. All other University employees send original to Room 16 Scovell Hall, 0064.