

PERFORMANCE IMPROVEMENT PLAN

Use this form when an employee's performance does not meet standards and needs improvement. **This form can be used at any time.** A Performance Improvement Plan is required for any performance evaluation rating of '1' (Does Not Meet Expectations) on any Major Job Responsibility. The purpose of this PIP is coaching, and it is not to be considered corrective action. Failure to improve and/or comply with the PIP may lead to corrective action. For more information on the corrective action process, please contact Employee Relations at 859-257-8758 or employeerelations@uky.edu.

Demographic Data

Employee Name _____ PID _____
Last First MI

Supervisor Name _____ Department _____ Department Number _____

Position Number _____ Job Title _____

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

Section One: to be completed by Supervisor

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

Major Job Responsibility & Essential Functions:

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 Major Job Responsibility & Essential Functions during the evaluation period.

Do you have any questions about what is expected of you in your Major Job Responsibility & 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 has been completed and signed, provide a copy to the employee, retain a copy for department file, and send a copy to Human Resources Records. All supervisors should send an encrypted copy to employeerecords@uky.edu. (Encryption can be achieved by using the encryption functionality in Outlook)