**The University of Tennessee**

**Performance Improvement Plan\***

(To be completed by supervisor)

*\*****Required*** *for employees receiving an overall rating of* ***Unsatisfactory/Not Eligible for Across the Board increase.***

Employee Name: IRIS Personnel Number:

Department: Position Title:

Review Completed By: Reviewer’s Personnel Number:

Review Period:

List the performance factor(s) from the Annual Performance Review form that require attention and describe the specific improvement(s) needed for the employee to Fully Achieve Expectations.

|  |
| --- |
| **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, timeline, etc.): |

Employee Name: IRIS Personnel Number:

|  |
| --- |
| **Employee Comments:** |

**Follow-up Discussions & Status:**

1. Resolved: [ ]  Yes [ ]  No

 Date

(2) Resolved: [ ]  Yes [ ]  No

 Date

(3) Resolved: [ ]  Yes [ ]  No

 Date

**Signatures:**

By signing below, I acknowledge that I have participated in the Performance Improvement Plan process and have received a copy of the plan.

(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor’s Signature Date

(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dept. Head’s Signature Date

(3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee’s Signature Date