

The University of Tennessee

Performance Improvement Plan (Optional)

(To be completed by supervisor for employees receiving overall ratings of Sometimes Achieves Expectations or Rarely Achieves Expectations)

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 Signature Date

(2) _____
Dept. Head Signature Date

(3) _____
Employee Signature Date