**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