

**The University of Tennessee
Performance Improvement Plan***

(To be completed by supervisor)

Employee Name: _____

IRIS Personnel Number: _____

Department: _____

Position Title: _____

Review Completed By: _____

Reviewer's Personnel Number: _____

Review Period:

List the performance factor(s) that require attention and describe the specific improvement(s) needed for the employee

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