UNIVERSITY OF KENTUCKY

PERFORMANCE IMPROVEMENT PLAN

Use this form when an employee's performance does not meet standards and needs improvement

Demographic Data

Employee Name _____ (Last / First / MI) Last 4 SSN # XXX - XX - _____

Supervisor Name _____ Department _____ Department Number _____

Position Number _____ Job Title _____

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

Purpose of this PIP: ☐ Coaching ☐ Oral Warning ☐ Written Warning ☐ Corrective Action Probation ☐ Documentation of Suspension

Section One: to be completed by Supervisor

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

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.):