**1. Employee Information** (Please Print) **\* Required Field**

|  |  |  |
| --- | --- | --- |
| **EMPLOYEE NAME\*** | | **BADGE/PAYCOR EMPLOYEE NUMBER\*** |
|  | |  |
| **LOCATION\*** | **JOB TITLE/POSITION\*** | |
|  |  | |

**2. Instructions** (Please Print) **\* Required Field**

**EMPLOYEE:** Your performance is in need of immediate improvement.

**MANAGER/SUPERVISOR:** List the goals and activities the employee will initiate to improve performance. Include expected skill development and changes needed to meet work performance expectations.

**3. Improvement Actions** (Please Print/Type) **\* Required Field**

|  |  |  |
| --- | --- | --- |
| **1.** | **INCIDENT EVENT OR ACTIVITY DESCRIPTION:** Explain the event or behavior that occurred. | |
|  |  | |
| **CORRECTIVE ACTION:** List specific expectations, steps and/or changes required to correct the event or activity. | |
|  | |
| **GOAL(S):** Describe desired outcome or achievement. | **DUE DATE(S):** Add row(s) if needed. |
|  |  |

|  |  |  |
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| **2.** | **INCIDENT EVENT OR ACTIVITY DESCRIPTION:** Explain the event or behavior that occurred. | |
|  |  | |
| **CORRECTIVE ACTION:** List specific expectations, steps and/or changes required to correct the event or activity. | |
|  | |
| **GOAL(S):** Describe desired outcome or achievement. | **DUE DATE(S):** Add row(s) if needed. |
|  |  |

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| --- | --- | --- |
| **3.** | **INCIDENT EVENT OR ACTIVITY DESCRIPTION:** Explain the event or behavior that occurred. | |
|  |  | |
| **CORRECTIVE ACTION:** List specific expectations, steps and/or changes required to correct the event or activity. | |
|  | |
| **GOAL(S):** Describe desired outcome or achievement. | **DUE DATE(S):** Add row(s) if needed. |
|  |  |

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| **4.** | **INCIDENT EVENT OR ACTIVITY DESCRIPTION:** Explain the event or behavior that occurred. | |
|  |  | |
| **CORRECTIVE ACTION:** List specific expectations, steps and/or changes required to correct the event or activity. | |
|  | |
| **GOAL(S):** Describe desired outcome or achievement. | **DUE DATE(S):** Add row(s) if needed. |
|  |  |

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| **5.** | **INCIDENT EVENT OR ACTIVITY DESCRIPTION:** Explain the event or behavior that occurred. | |
|  |  | |
| **CORRECTIVE ACTION:** List specific expectations, steps and/or changes required to correct the event or activity. | |
|  | |
| **GOAL(S):** Describe desired outcome or achievement. | **DUE DATE(S):** Add row(s) if needed. |
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| **6.** | **INCIDENT EVENT OR ACTIVITY DESCRIPTION:** Explain the event or behavior that occurred. | |
|  |  | |
| **CORRECTIVE ACTION:** List specific expectations, steps and/or changes required to correct the event or activity. | |
|  | |
| **GOAL(S):** Describe desired outcome or achievement. | **DUE DATE(S):** Add row(s) if needed. |
|  |  |

**4. Action Plan Status** (Please Print/Type; Add additional reviews if needed) **\* Required Field**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **PLAN ACHIEVEMENT REVIEW(S):** Description. | **DATE(S):** List Due Date | **OUTCOME:** Indicate Status |
| **1.** | **30 Day Review:** |  | Complete  Continue |
| **2.** |  |  | Complete  Continue |

**5. Improvement Plan Information** **\* Required Field**

**EMPLOYEE:** This process in intended to be an interactive dialog with the goal of achieving your success here at UIC. Should you improve, you will be expected to maintain these performance levels at all times. I will be here to support and assist at any time if you need my help. Should you fail to achieve the above standards on or before the dates listed above, it may result in disciplinary action up to and including termination of your employment.

Please sign and date below that you fully understand the Performance Improvement Plan you have been given.

**6. Signatures** (Please Sign and Date) **\* Required Field**

|  |  |
| --- | --- |
| **EMPLOYEE’S SIGNATURE** | **DATE:** |
|  |  |
| **SUPERVISOR’S SIGNATURE** | **DATE:** |
|  |  |

**1. Employee Information** (Please Print/Type) **\* Required Field**

|  |  |
| --- | --- |
| **EMPLOYEE NAME\*** | **BADGE/PAYCOR EMPLOYEE NUMBER** |
|  |  |

**2. Instructions** (Please Print)

**EMPLOYEE:** Write the action item in the line below from the Performance Improvement Plan. Indicate any updates, follow-up or activities that support your progress toward completion of the action item. Submit any supporting documentation with this form.

**MANAGER/SUPERVISOR:** Please provide feedback and direction if the provided documentation does not satisfy the requirements of the work performance expectations. Indicate complete status if you agree and accept the support documentation to close this action item.

**3. Improvement Action Response** (Please Print/Type) **\* Required Field**

|  |  |  |
| --- | --- | --- |
| **PIP ISSUE DATE** | **PIP ACTION ITEM NUMBER** | |
|  |  | |
| **EMPLOYEE RESPONSE:** Indicate comments, questions, activities performed and their status.\* | | | |
|  | | | |
| **SUPPORT DOCUMENT OR INFORMATION:** Indicate below. | | | **STATUS REQUEST\*** |
| Attachment: Staple or Email with Form  Other: Note Here or Use Reverse Side of this Page | | | Complete  Continue |
| **EMPLOYEE’S SIGNATURE\*** | | | **DATE\*** |
|  | | |  |

**4. Supervisor Response** (Please Print/Type) **\* Required Field**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUPERVISOR RESPONSE:** Provide comments, clarification, instructions, activities or indicate completion status. | | | | |
|  | | | | |
| **SUPPORT DOCUMENT OR INFORMATION:** Indicate below. | **RESPONSE OUTCOME**\* | **NEW DUE DATE** | | **OPEN ITEMS** |
| Attachment: Staple or Email with Form  Other: Note Here or Use Reverse Side of this Page | Complete  Continue  PIP Complete |  | |  |
| **EMPLOYEE’S SIGNATURE\*** | | | **DATE\*** | |
|  | | |  | |

Please sign and date below that you fully understand the status of this Action Item of the current Performance Improvement Plan.

**5. Signature** (Please Sign and Date) **\* Required Field**

|  |  |
| --- | --- |
| **EMPLOYEE’S SIGNATURE\*** | **DATE\*** |
|  |  |