University of Oregon – Career and Limited Duration Faculty
Performance Improvement Plan (PIP)

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| Faculty Name:  | Category / Rank / Title: |
| Supervisor Name: |
| Meeting Date: | Department:  |

1. **Specific Areas of Concern Covered by this PIP:**[List specific examples of current performance concerns and their impacts on others.]

1. **Plan and Instructions for Improving Performance:**

[Include specific performance expectations and goals, including the instructions and steps the employee needs to take to correct performance concerns. This should include relevant timeframes.]

1. **Available Resources (as appropriate):**

[Include resources available to support the employee in completing PIP activities. Include any required trainings and the deadlines for completion.]

1. **Timeline, Expectation & Consequences:**

This PIP is effective immediately and expected to last:

o 30 days (for matters that can be improved upon over the course of a month);

o 90 days (for matters that can be improved upon over the course of a term);

o 365 days (for matters that can be improved upon over the course of a year);

o Other, specify: \_\_\_\_\_\_

During this period of time, you are expected to make regular progress on the plan outlined above. If you have questions or concerns about the PIP, you are expected to let your supervisor know as soon as possible via email or phone or in person. It is important you understand that if your performance and/or behavior does not improve and this PIP is deemed unsuccessful, you will be subject to consequences up to and including layoff or termination, as outlined in the United Academics Collective Bargaining Agreement. Please plan to meet as outlined in the follow-up schedule. It is the responsibility of the supervisor to ensure these meetings are scheduled.

1. **Follow-Up Schedule and Progress Tracking:**

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| --- | --- | --- | --- |
| **Follow Up Date** | **Conducted By**  | **Progress\*** | **Notes** |
| #1 |  |  |  |
| #2 |  |  |  |
| #3 |  |  |  |
| #4 |  |  |  |
| #5 |  |  |  |
| #6 |  |  |  |

\*Progress: Good – All requirements met to date with good quality
Fair – Some requirements met and/or fair quality
Poor – Few requirements met and/or poor quality

**Additional Notes on Progress:**

1. **Signatures**

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| **Employee** | **Supervisor** |
| The employee’s signature indicates an understanding of the contents of this PIP. | The supervisor’s signature indicates that they reviewed and provided a copy of the PIP to the faculty member on the date listed below. |
| Print Name: | Print Name:  |
| Employee Signature: | Supervisor Signature: |
| Date:  | Date: |
| **For Career (non-funding-contingent) Faculty PIPs:****Vice president, vice provost, dean, or director**  |
| The VP/dean/director signature indicates that they reviewed a copy of the PIP. | Print Name: |
| Signature: | Date: |

*A PIP is not intended to be an employment contract nor a guarantee of continued employment.*

*An employee may attach their own input to rebut, correct, amplify, or explain any content in this PIP. Though this input will be considered, the decision about whether a PIP has been successfully completed is made by the supervisor in consultation with Human Resources.*

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| 1. **FOR RECORDKEEPING PURPOSES:**
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| At the end of the specified Faculty PIP period, the supervisor will make a determination as to whether the Faculty PIP was un/satisfactory completed. ***The determination that a Faculty PIP was completed unsatisfactorily must be made in consultation with Employee and Labor Relations.*** |
| ELR consulted regarding unsatisfactory determination:[ ]  Yes (if yes, provided information below) [ ]  Not ApplicableDate of Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR staff member consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| PIP Determination:[ ]  Successful [ ]  Unsuccessful | Date Employee Notified of Determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |