University of Oregon  
Performance Improvement Plan (PIP)

|  |  |
| --- | --- |
| Employee Name: | Employee Title: |
| Supervisor Name: | |
| Meeting Date: | Department: |

1. **Areas of Concern Covered by this PIP: (check all that apply)**

|  |  |  |
| --- | --- | --- |
| Productivity  Teamwork  Attendance  Interpersonal Interactions | Efficiency  Quality  Conduct  Supervision | Strategic Leadership  Other\_\_\_\_\_\_\_\_\_\_\_\_ |

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

1. **Improvement Plan:**

[Include specific performance expectations and goals, including the 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 60-day PIP is effective immediately. 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 termination, as outlined in the [OA performance management procedure](https://hr.uoregon.edu/oa-performance-management-procedure.pdf). For more information regarding the PIP process, please read that procedure in detail at the start of the PIP process.

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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |
| --- | --- |
| **Employee** | **Supervisor** |
| The employee’s signature indicates an understanding of the contents of this PIP. This PIP is in effect whether or not it is signed by the employee. | The supervisor’s signature indicates that they reviewed and provided a copy of the PIP to the OA on the date listed below. |
| Print Name: | Print Name: |
| Employee Signature: | Supervisor Signature: |
| Date: | Date: |

Employee refused to sign. \_\_\_\_\_\_(Supervisor Initials)

*A PIP is not intended to be an employment contract nor guarantee of continuing 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:** | |
| At the end of the 60-day PIP period, the supervisor will make a determination as to whether the PIP was un/satisfactory completed. ***The determination that a PIP was completed unsatisfactorily must be made in consultation with university HR.*** | |
| HR consulted regarding unsatisfactory determination:  Yes (if yes, provided information below)  Not Applicable Date of Consult: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HR staff member consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 60-Day PIP Period Determination:  Successful  Unsuccessful | Date Employee Notified of Determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |