

IMPROVEMENT PLAN

Name: _____ Evaluator(s): _____

IMPROVEMENT AREA	IMPROVEMENT ACTIVITIES AND PERSON(S) RESPONSIBLE	TIME FRAME	IMPROVEMENT ACCOMPLISHMENT

— Addendum Attached. Plan developed by _____ / _____
 _____ Employee Signature / Date _____ Signature / Date

_____ Signature / Date _____ Signature / Date

- Improvement Plan has been satisfactorily completed.
- Improvement Plan has not been satisfactorily completed and a new plan will be jointly developed.
- Improvement Plan has not been satisfactorily completed.

_____ / _____
 _____ Employee Signature / Date _____ Evaluator Signature / Date

_____ / _____
 _____ Evaluator Signature / Date

Copy: Employee
 Immediate Supervisor
 Personnel File