

# Improvement Plan

This form is to be completed for classified and non-classified employees who receive one or more below average ratings on the Staff Performance Evaluation Form.

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Title

**Performance Deficiencies:**

**Improvement Plan:**

**Employee's Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date