

**CLASSIFIED PLAN OF IMPROVEMENT**

The purpose of this form is to create an action plan for improving any areas marked needing improvement or unsatisfactory on the Classified Evaluation Form. Please attach this plan to the evaluation form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Focus Area:** | | **Comments:** *(taken from the Classified Evaluation Form)****:*** | | | |
|  | 1. Work Quality |  | | | |
|  | 1. Working Relations |
|  | 1. Meeting Work Commitments |
|  | 1. Demonstration of Initiative |
|  | 1. Dependability and Reliability |
|  | 1. Attendance & Punctuality |
|  | 1. Safety |
|  | 1. Communication Skills |
| **Plan to improve focus area(s) marked above:***(attach additional pages if needed)*  Refer to Article 10.1.3.2 for the development of the Plan of Improvement. | | | | | |
| Strategies – what do you expect to see? | | | | | |
| Techniques – what will be done to reach the expected outcomes? | | | | | |
| Evidence – what will be used to indicate progress? | | | | | |
| What assistance/resources will be provided? | | | | | |
| I understand that this improvement plan will be attached to my evaluation and that my next evaluation will be completed within ninety (90) days from this evaluation and will indicate my level of progress on the improvement plan. | | | | | |
|  | | | | | |
| **Employee’s signature** | | |  | **Date** | |
| **Evaluator’s (Supervisor) signature** | | |  | **Date** | |
| **Improvement Plan follow up** | | | | | |
|  | Employee has satisfactorily met the terms of the improvement plan. | | | |  |
|  | Employee has not satisfactorily met the terms of the improvement plan *(attach comments/narrative).*  An off-cycle evaluation will be completed within 60 days: | | | |  |
| **(Date of Off-cycle Evaluation)** |