

The purpose of this form is to create an action plan for improving the areas marked needing improvement or unsatisfactory on the Classified Evaluation Form when the overall evaluation rating is (1) unsatisfactory or (2) needs improvement. Please attach this plan to the evaluation form.

| | | | |
|---|--|--|--|
| Employee Name: | | Banner ID: | |
| Position: | | Supervisor: | |
| Plan of Improvement: <input type="checkbox"/> First, 90-day period ends <input type="checkbox"/> Revised, 30-day period ends | | | |
| Focus Area: <input type="checkbox"/> 1. Work Quality <input type="checkbox"/> 2. Working Relations <input type="checkbox"/> 3. Meeting Work Commitments <input type="checkbox"/> 4. Demonstration of Initiative <input type="checkbox"/> 5. Dependability and Reliability <input type="checkbox"/> 6. Attendance & Punctuality <input type="checkbox"/> 7. Safety <input type="checkbox"/> 8. Communication Skills | | Comments: <i>(taken from the Classified Evaluation Form):</i> | |
| Plan to improve focus area(s) marked above: <i>(attach additional pages if needed)</i> Refer to the CBA for the development of the Plan of Improvement. | | | |
| Expectations – statement of expectations for the employee related to each area of performance that was rated less than satisfactory | | | |
| Techniques – operational activities designed to remediate the identified deficiencies and any time line or time lines related to the activities | | | |

Resources – measures of assistance and/or resources that will be provided to the employee as a part of the plan

Metrics - schedule of dates of conferences and observations if appropriate to monitor and evaluate the employee's progress toward achievement of the plan

I understand that this improvement plan will be attached to my evaluation and that the metrics of improvement will be reviewed by the date above. If the level of improvement is not sufficient a revised Plan of Improvement will be developed and appropriate disciplinary action may be taken per Article 13 of the CBA.

Employee's signature

Date

Evaluator's (Supervisor) signature

Date

Improvement Plan follow up

☐

Employee has satisfactorily met the terms of the improvement plan.

Employee's signature

Date

Evaluator's (Supervisor) signature

Date

☐

Employee has **not** satisfactorily met the terms of the improvement plan.
(Supervisor and Employee to complete revised Plan of Improvement)

Employee's signature

Date

Evaluator's (Supervisor) signature

Date