



SAN LUIS OBISPO COUNTY COMMUNITY COLLEGE DISTRICT

CONFIDENTIAL EMPLOYEE PERFORMANCE IMPROVEMENT PLAN

EMPLOYEE INFORMATION	
Name	Banner ID
Job Title	Date of Review
Department/Division	Supervisor
Review Period	to Administrator
<p><i>The Confidential Employee Performance Improvement Plan addresses how the employee can improve to a satisfactory level (3 = Effective) within a specified timeframe. A separate Confidential Employee Performance Improvement Plan is required for each rating below "3 = Effective". The Confidential Employee Performance Improvement Plan is required when an employee is rated "2 = Needs Improvement" or "1 = Unsatisfactory" regarding actual performance of Essential Functions in the job description since the last evaluation.</i></p>	
<p>5 = Exceptional* <i>The employee consistently exceeds expectations for responsibilities and objectives of the position.</i></p> <p>4 = Highly Effective <i>The employee frequently exceeds established expectations for responsibilities and objectives of the position.</i></p> <p>3 = Effective <i>The employee meets established expectations for responsibilities and objectives of the position.</i></p> <p>2 = Needs Improvement* <i>The employee does not always meet established expectations for responsibilities and objectives of the position.</i></p> <p>1 = Unsatisfactory* <i>The employee does not meet established expectations for responsibilities and objectives of the position.</i></p>	

IMPROVEMENT PLAN

In order to achieve a rating of "Effective" for Select Performance Factor by (date) the employee shall:



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Signatures: (Please sign.) *Signature by the employee indicates the employee has read the performance evaluation and has received feedback from the supervisor. Signature does not indicate agreement with the performance evaluation. The employee has ten (10) days following the signature date to submit a written statement, which will be attached to this evaluation form and placed in the personnel file.*

Supervisor

Date

Employee

Date

Administrator

Date

DRAFT