



## Classified Improvement Plan

This form's purpose is to create an action plan for improving any areas marked as needing improvement or unsatisfactory on the Classified Evaluation Form. It must accompany the evaluation form, and the rubric will be used as a guide.

<b>Employee Name:</b>	Position:
Department:	Supervisor:
Performance Improvement Period: (____) to (____)	Performance will be reviewed on:

<p>Focus Area(s):</p> <div><input type="checkbox"/> 1. Work Quality</div> <div><input type="checkbox"/> 2. Compliance to Rules and Regulations</div> <div><input type="checkbox"/> 3. Interpersonal Skills / Professionalism</div> <div><input type="checkbox"/> 4. Adaptability to Change / Shows Initiative</div> <div><input type="checkbox"/> 5. Job Knowledge</div>
Plan to improve focus area(s) marked above: (attach additional documents as needed)
Expectations – Specific recommendations for improvement.
Strategies/Techniques – What will be done to reach the expected outcomes?
Outcomes – What will be used to indicate progress?



I understand that this improvement plan will be attached to my evaluation. My next evaluation, which is identified above, will be completed and will indicate my level of progress on the improvement plan. Should no improvement occur, I understand that I may receive an unsatisfactory rating.

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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This section is to be completed 30-90 days after the last evaluation and submitted to the Human Resources department along with the follow-up evaluation.

This Improvement Plan was:

☐ Fully Accomplished

☐ Partially Accomplished

☐ Not Accomplished

Comments: (attach additional comments as needed)

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_