

Performance Appraisal Plan of Improvement

Employee Name (Last, First, Middle Initial) _____ Badge Number _____

Employee Title _____ Employee Status (check one): ☐ Probation ☐ At-Will Full-Time

Division _____ Department _____

Supervisor Name _____ Supervisor Title _____

Plan of Improvement Review Period Start Date: _____ End Date: _____

Needs Improvement (NI). Describe the performance that resulted in a NI rating. Be specific. **Attach additional pages if necessary.**

Outline the Plan of Improvement. Clearly state the expected performance, including measurable action steps (i.e., training courses, project deadlines, etc.) Attach additional pages if necessary.

Employee Comments:

Supervisor Comments:

Your signature below indicates that you have reviewed and discussed this Plan of Improvement with your supervisor.

Your signature below indicates that you have reviewed and discussed this Plan of Improvement with your employee. If the employee refuses to sign, you must indicate this in the space provided above and explain the reason, if known.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____
(next level management)

This Plan of Improvement form has been reviewed by Human Capital and a copy shall be placed in the employee's personnel file.

Human Capital Coordinator Signature: _____ Date: _____