**Administrator, Manager, Supervisor**

**Performance Improvement Plan**

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

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| **Focus Area:** | | **Supervisor’s Comments:** *(taken from the Evaluation Form)****:*** | | |
|  | 1. Leadership |  | | |
|  | 1. Mgmt of Human & Fiscal Resources |
|  | 1. Knowledge and Expertise |
|  | 1. Planning and Review |
|  | 1. Decision Making & Problem Solving |
|  | 1. Teamwork & Collaboration |
|  | 1. Professional Development |
|  | 1. Advancement of DEIA |
| **Supervisor’s Expectations:** What strategies or changes to you expect to see?Set clear expectations with a deadline, if appropriate. Consider using the SMART principle: Specific, Measurable, Attainable, Relevant, Time-bound. | | | | |
| **Employees’ plan to improve focus area(s) marked above:** This section is to be completed collaboratively. However, the employee is ultimately responsible for determining how they will meet the expectations set above and demonstrating measurable improvement. *(attach additional pages if needed)* | | | | |
| Techniques – what will be done to reach the expected outcomes? | | | | |
| Evidence – what will be used to indicate progress? | | | | |
| What assistance/resources are needed? Determine how, when, where with supervisor. | | | | |
| **Supervisor’s Comments:** | | | | |
| **Employees’ Comments:** | | | | |
| I understand that this improvement plan will be attached to my evaluation and that my next evaluation will be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) from this evaluation and will indicate my level of progress on the improvement plan. | | | | |
|  | | | | |
| **Employee’s signature** | | |  | **Date** |
| **Evaluator’s (Supervisor) signature** | | |  | **Date** |