

INSTRUCTIONS FOR THE PROFESSIONAL STAFF IMPROVEMENT PLAN

Step	<input checked="" type="checkbox"/>	Task
1	<input type="checkbox"/>	Complete all fields as specified by text boxes: Name, Department, Job Title, Supervisor, Start and End Date.
2	<input type="checkbox"/>	The Start & End Date MUST have finite dates. These are generally the term of the contract.
3	<input type="checkbox"/>	You want to prioritize the most important concerns for the employee RIGHT NOW. Do not exceed 4 areas of concern.
4	<input type="checkbox"/>	Competency/Objectives are written with a specific outcome in mind. Objectives are tied to staff competencies.
5	<input type="checkbox"/>	Strategies are HOW the employee will achieve the objectives. You can have more than one strategy for achieving an objective.
6	<input type="checkbox"/>	Timeline/Due is where you put a FINITE date. "Ongoing" is acceptable in the rarest of circumstances. You want to space out your improvement plan to build on each competency/objective. Any activities, tasks, deliverables should be staggered over the course of the contract. Contact Employee Relations for assistance.
7	<input type="checkbox"/>	Met Due Date/Objective is the column where you acknowledge progress of the employee. Have they met the deadline? Have they completed the deliverable? Were there any hiccups that prevented the employee from succeeding?
8	<input type="checkbox"/>	<ul style="list-style-type: none"> Have employee sign off on Improvement Plan, and include with the Professional Staff Evaluation. As the supervisor, you are <u>required</u> to follow-up with the employee at least monthly.

Should you have any questions on crafting a performance improvement plan, please contact Employee Relations at x73300.

PROFESSIONAL STAFF IMPROVEMENT PLAN

Name: Click here to enter text. **Department:** Click here to enter text.
Job Title: Click here to enter text. **Supervisor:** Click here to enter text.
Start Date: Click here to enter a date. **End Date:** Click here to enter a date.

The supervisor must develop an improvement plan and identify the areas in which the employee must show improvement, and outline the strategies that the employee may utilize in order to improve his/her performance in those areas. The employee and supervisor must sign the document, and a copy must be provided to the employee and to the Office of Human Resources. * This form can also be used at any point in a performance cycle should a decline in performance occur.

PRIORI TY RANK	COMPETENCY/OBJECTIVE	STRATEGIES FOR ACHIEVING OBJECTIVE	TIMELINE/ DUE	Met Due Date/ Objective/Notes
1				
2				
3				
4				

Employee: _____

Supervisor: _____

Meeting Date: _____