OSSA EMPLOYEE PERFORMANCE IMPROVEMENT PLAN

This form must be completed when the Conference Summary or Summative Evaluation includes a rating of “Needs Improvement” or “Unsatisfactory.” Employee must be re-evaluated within 60 work days for a probationary employee or 90 work days for a permanent employee.

Employee Name:  
Position:  

Date of Observation or Data Review:  
Site:  

Check one:  
[ ] Probationary Year 1  
[ ] Probationary Year 2  
[ ] Permanent  
[ ] 60/90 Day Follow-Up

Specific area(s) in need of improvement:

Improvement Plan with specific steps needed to improve:

Assistance available to support the employee:

I acknowledge that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement. I also understand that I have the right to respond to this report in writing within three (3) working days, and such response will be attached to and become a permanent part thereof.

Evaluator’s Signature  
Date  
OSSA Member Signature  
Date

Evaluator’s Printed Name

Evaluator’s Title