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| **Improvement Plan**  |
| Employee:  |
| Date:  |
| 🗆 3 Month Probationary Period 🗆 6 Month Probationary Period 🗆 Other |
| Area of Improvement | Objective | Measurement Method | Timeframe\* | Date Reviewed | Result |
|  |  |  |  |  |  |
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\*Although assignments/behaviors are expected to be completed immediately and ongoing, dates are provided for expected completion of specific task/behavior improvement.

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| “The improvement plan has been discussed with me and I understand I am required to improve in the areas indicated above.” |
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| --- | --- |
| Supervisor’s Signature and Date | Department Administrator’s Signature and Date |
| Comments: | Comments: |