

PERFORMANCE IMPROVEMENT PLAN

Vista Unified School District

Name: _____ Position: _____ School/Department: _____

Evaluator: _____ Date of Planning Conference: _____

Date of Initiation of Plan: _____ Date of Completion of Plan: _____

Performance improvement plan dated: _____

General Performance Factors (Section A) rated "Below Requirements" (list all that apply):			
Specific work performance deficiencies or job behavior requiring improvement of or correction	Indicator(s) of Accomplishment:	Target Date	Completion Confirmed By Evaluator:

Note: The ultimate responsibility for improvement lies with the employee. Successful completion of the plan is contingent upon demonstration of the listed target behaviors, not merely completion of the improvement activities.

Employee's Comments:

Employee's Signature

Date

Evaluator's Signature

Date