## Complete the Confidential Employee Improvement Plan, discuss with your employee, and retain in your department. Do not forward to Human Resources.

## Employee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |       | SJSU ID: |       |
| Working Title: |       | Discussion Date: |       |
| Department: |       |

## Improvement Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area Needing Improvement | Action Plan | Start Date | Follow Up | Outcome |
|       |       |       |  |       |
|       |       |       |  |       |
|       |       |       |  |       |
|       |       |       |  |       |
|       |       |       |  |       |

## Signatures

### Employee

*By signing below, I understand the plan as stated above.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | Signature: |  | Date: |       |

### Primary Evaluator

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | Signature: |  | Date: |       |