

**SANTA PAULA UNIFIED SCHOOL DISTRICT – CERTIFICATED HUMAN RESOURCES
PERFORMANCE IMPROVEMENT PLAN**

EMPLOYEE: _____ **CLASSIFICATION:** _____

LOCATION: _____ **SUPERVISOR:** _____

STATEMENT OF THE PROBLEM

Clearly define and document the nature of the problem area or situation that requires improvement.

SPECIFIC INDICATORS FOR IMPROVEMENT

State clearly defined and measurable indicators of improvement required.

ASSISTANCE TO BE PROVIDED

Clearly define and identify the assistance that will be provided to the employee to help achieve the improvement required.

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IMPROVEMENT TIMELINE

A clear timeline must be defined for the achievement of the required improvements. Include the date a specific performance evaluation will be conducted to assess improvement.

WE HAVE DISCUSSED THE NEEDED IMPROVEMENTS AS DESCRIBED ABOVE AND THE IMPROVEMENT PLAN AS DETAILED IN THIS DOCUMENT.

SIGNATURE OF SUPERVISOR _____ **DATE:** _____

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

A SPECIAL PERFORMANCE EVALUATION WILL BE CONDUCTED ON _____ TO ASSESS IMPROVEMENT.

WE HAVE DISCUSSED THE PROGRESS MADE ON THE REQUIRED IMPROVEMENT(S) AS DESCRIBED IN THE DOCUMENT ABOVE AND HAVE AGREED THAT:

- THE CONCERNS HAVE BEEN CORRECTED AND NO FURTHER ACTION IS REQUIRED AT THIS TIME.
- SIGNIFICANT PROGRESS HAS BEEN MADE, BUT FURTHER PROGRESS NEEDS TO OCCUR; ANOTHER REVIEW IS SCHEDULED ON ___/___/___.
- INSUFFICIENT PROGRESS HAS BEEN MADE AND A NEW IMPROVEMENT PLAN HAS BEEN DEVELOPED AND IS ATTACHED, ANOTHER REVIEW IS SCHEDULED ON ___/___/___.
- LITTLE OR NO PROGRESS MADE AND THE EMPLOYEE IS PERFORMING UNSATISFACTORILY. A SPECIAL PERFORMANCE EVALUATION WILL BE CONDUCTED ON OR ABOUT ___/___/___ TO ASSESS IMPROVEMENT.

SIGNATURE OF SUPERVISOR _____ **DATE:** _____

SIGNATURE OF EMPLOYEE: _____ **DATE:** _____

ORIGINAL:
FIRST COPY:
SECOND COPY:

Return Signed Original To: Certificated Human Resources Department when accompanied by a written reprimand or evaluation.
Retained by Supervisor
Retained by Employee