

Travis Unified School District
Human Resources

Employee Improvement Plan

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|------------------------------|----------------------------------|
| Employee: | Work Site: |
| Supervisor/Evaluator: | Date of Plan Development: |

| GOALS & OBJECTIVES | EVIDENCE/ARTIFACTS | TIMELINE | MONITORING | IDENTIFICATION OF RESOURCES |
|---|--|--|--|------------------------------------|
| <i>What does the employee need to change?</i> | <i>What evidence will demonstrate progress towards meeting the desired goals/objectives?</i> | <i>When will progress be measured?</i> | <i>Who will support the employee and monitor progress?</i> | |
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Additional Comments/Notes:

Date of Next Review:

Employee Signature **Date**

Evaluator's Signature **Date**