



# Human Resource Services

## Improvement Plan

### Classified Personnel

**(Confidential)**

**NAME:**

**DATE OF REPORT**

**Improvement Plan / Recommendation (Plan must be for a minimum of 60 days.)**

**Timeline**

\_\_\_\_\_  
Employee's Acknowledgement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Acknowledgement

\_\_\_\_\_  
Date