

Appendix 1

IMPROVEMENT PLAN

Date: _____ Employee's Immediate Supervisor: _____
Employee's Name: _____ Improvement Plan Author: _____

Brief Description of Incident or Circumstances Leading to this Improvement Plan:

(If additional space is needed, please use a separate sheet.)

Directives with which Employee Must Comply:

1. The employee must comply with all applicable policies of the School Board, a copy of which available on the district's website.
2. The employee must comply with all applicable work rules.
3. The employee must comply with all directives.
4. The employee must comply with all requirements contained in the applicable job description.
- 5.

(If additional space is needed, please use a separate sheet.)

It is recognized that the employee is a fully credentialed and legally qualified employee having already completed all necessary training and education. Therefore, it is expected that the employee has already had the training and education to perform all aspects of the job properly, including compliance with the directives contained in this improvement plan and compliance with all other rules and requirements of the job. If, however, the employee believes that additional training, education, assistance or mentoring is needed in order to fulfill the requirements of this Improvement Plan, or of the job, the employee must provide written documentation to the supervisor named in this Improvement Plan stating the nature of assistance needed and the reasons or rationale why such assistance is needed and reasonable. The School District will decide what assistance, if any, will be provided.

If the employee has any questions as to the meaning of any of requirements contained in this Improvement Plan, the employee is required to place those questions in writing to the supervisor named above.

WARNING: The employee's failure or refusal to comply with all of the directives and other requirements contained in this Improvement Plan may lead to discipline, including discharge.

Employee Signature: _____ Date: _____

Signature of Employer Representative: _____ Date: _____