

ATLANTA METROPOLITAN COLLEGE

CONFIDENTIAL

PLAN FOR IMPROVEMENT

Employee's Name:	
Job Title:	
Department:	
Date This Form Completed:	
Supervisor Completing Form:	
Date of Last Performance Review:	

Problem Area(s)

For each performance function evaluated as unsatisfactory, indicate the specific reasons for your evaluation, when possible, actual incidents or other documentation should be described. Attach additional sheet if necessary.

Comments:

Plan for Improvement:

Outline below the steps that are to be taken to improve performance in each unsatisfactory area. Objectives should be established by which performance can be evaluated where appropriate. Attach additional sheets if necessary.

Supervisor's Suggested Plan For Improvement:

Date to complete "Follow-Up to the Plan for Improvement" form:

Date: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Area/Unit Head Signature: _____

Date: _____

