

**Back to HR Forms**  
**SCN**  
**Work Improvement Plan**

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Specific area of concern relating to employee's job performance and why it is a problem for the department:

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History of previous discussions/actions taken with employee relative to these areas of job performance:

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Specific areas of job performance in which improvement is necessary and specific expectations or procedures for how improvement will be demonstrated for each area.

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Dates established for regular follow-up with the employee:

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List any specific actions to be taken and supported at the departmental level (special training programs/courses, etc.):

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Director Signature