**PERFORMANCE IMPROVEMENT PLAN**

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| **Employee Name:** |  | **Personnel No.:** |
| **Employee Org Unit:** |  | **Date:** |
| **Supervisor Name** |  |  |
| **Reviewer Name** |  |  |
| **Appointing Authority Name** |  |  |

**Reason for Performance Improvement Plan** (check all that apply) “Needs improvement” performance rating

Corrective action for “needs improvement” performance rating Disciplinary action for “needs improvement” performance rating Informal improvement plan

Other (please explain):

**Board Rule 6-6.** A needs improvement performance rating shall result in a performance improvement plan or a corrective action and a reasonable amount of time must be given to improve, unless the employee is already under corrective or disciplinary action for the same performance matter. A performance improvement plan is not a corrective action. If performance is still unsatisfactory at the time of reevaluation under a performance improvement plan, a corrective action shall be given. If performance is still unsatisfactory at the time of reevaluation under a corrective action, the appointing authority may take disciplinary action up to and including demotion or termination.

**Improvement Plan Areas**

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| **Improvement Area 1** |
| Job Duty (from Position Description Questionnaire): |
| Competency Area (from Performance Management Form):  Professional/Technical People Skills Administration HR Management Safety |
| Related Factor(s) (from Performance Management Form):     |
| Related Individual Performance Objective, if any (from Performance Management Form): |
| Problem Description: |
| Improvement Action(s) Required: |
| Date to Reevaluate Performance: |

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| **Improvement Area 2** |
| Job Duty (from Position Description Questionnaire): |
| Competency Area (from Performance Management Form):  Professional/Technical People Skills Administration HR Management Safety |
| Related Factor(s) (from Performance Management Form):     |
| Related Individual Performance Objective, if any (from Performance Management Form): |
| Problem Description: |
| Improvement Action(s) Required: |
| Date to Reevaluate Performance: |

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| **Improvement Area 3** |
| Job Duty (from Position Description Questionnaire): |
| Competency Area (from Performance Management Form):  Professional/Technical People Skills Administration HR Management Safety |
| Related Factor(s) (from Performance Management Form):     |
| Related Individual Performance Objective, if any (from Performance Management Form): |
| Problem Description: |
| Improvement Action(s) Required: |
| Date to Reevaluate Performance: |

Attach additional pages if the plan contains more than three improvement areas.

Check here if additional pages are attached.

# Improved Performance

Success in improving performance from a final performance rating of “needs improvement” to a rating of “successful” or above may have pay implications. State Personnel Procedure 3-19(B) prevents an employee awarded a final performance rating of “needs improvement” from receiving any achievement pay. If an employee does improve their performance to the “successful” level, please document the improved rating, complete an Interim Rating Form (CDOT Form 1282) and have a SAP Appraisal Entry Person enter the interim rating into SAP.

# Failure to Improve Performance

Failure to correct performance on or before the date(s) specified may result in any of the following actions:

1. Continuation of the performance improvement plan with revised date(s) to reevaluate performance;
2. Revised performance improvement plan with revised date(s) to reevaluate performance;
3. Corrective action; and/or
4. Disciplinary action.

The employee may submit a written explanation to the appointing authority, who is named on page 1. This explanation will be attached to and kept with this performance improvement plan. A performance improvement plan is not placed into an employee’s official personnel file maintained by CDOT’s Center for Human Resource Management unless requested by the appointing authority.

# Dispute/Grievance Rights

The employee may dispute a final performance rating of “needs improvement” according to CDOT’s performance management program dispute resolution process. If the employee receives a performance improvement plan, but not a corrective/disciplinary action, the employee may not dispute the plan through the performance management program dispute resolution process, but may submit a grievance. If a corrective or disciplinary action accompanies the performance improvement plan, the employee may submit a grievance regarding the corrective/disciplinary action. Allegations of discrimination should be referred to a CDOT civil rights (EO) representative.

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|  | **Signatures** | **Date** |
| **Supervisor** |  |  |
| **Reviewer** |  |  |
| **Employee** |  |  |

# Additional Improvement Plan Areas

(Optional. Attach to Performance Improvement Plan.)

**Employee Name:**

**Personnel No:**

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| **Improvement Area** |
| Job Duty (from Position Description Questionnaire): |
| Competency Area (from Performance Management Form):  Professional/Technical People Skills Administration HR Management Safety |
| Related Factor(s) (from Performance Management Form):     |
| Related Individual Performance Objective, if any (from Performance Management Form): |
| Problem Description: |
| Improvement Action(s) Required: |
| Date to Reevaluate Performance: |

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| **Improvement Area** |
| Job Duty (from Position Description Questionnaire): |
| Competency Area (from Performance Management Form):  Professional/Technical People Skills Administration HR Management Safety |
| Related Factor(s) (from Performance Management Form):     |
| Related Individual Performance Objective, if any (from Performance Management Form): |
| Problem Description: |
| Improvement Action(s) Required: |
| Date to Reevaluate Performance: |

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| **Improvement Area** |
| Job Duty (from Position Description Questionnaire): |
| Competency Area (from Performance Management Form):  Professional/Technical People Skills Administration HR Management Safety |
| Related Factor(s) (from Performance Management Form):     |
| Related Individual Performance Objective, if any (from Performance Management Form): |
| Problem Description: |
| Improvement Action(s) Required: |
| Date to Reevaluate Performance: |