



WORK IMPROVEMENT PLAN

Employee: _____ Working Title: _____ Work Location: _____

Manager/Supervisor: _____ Effective: _____

MAJOR OBJECTIVES, ASSIGNMENTS, PROJECTS (what will be done)	CRITERIA FOR ACCOMPLISHMENT (results that will be seen)	COMPLETE BY: (date)	REVIEW DATE(S)	COMMENTS
<u>Training/Career Development</u>				

_____ Employee Signature	_____ Manager/Supervisor Signature
Date	Date