

**ALISAL UNION SCHOOL DISTRICT
ADDENDUM TO THE FORMAL EVALUATION
CLASSIFIED PERFORMANCE ASSISTANCE PLAN**

EMPLOYEE _____ DATE _____

JOB TITLE _____ WORK SITE _____

IMMEDIATE SUPERVISOR(S) _____

DATE OF IMPLEMENTATION _____ EXPECTED DATE OF COMPLETION _____

IMPROVEMENT PLAN

Specific Areas Needing Improvement: _____

Improvement Required	Assistance Provided By	Target Date	Indicators of Accomplishment	Date Completion Confirmed by Supervisor

The unit member is responsible for competent performance. Merely completing the above improvement activities may not demonstrate target behavior.

Comments: _____

Supervisor's Signature _____ Date _____ Employee's Signature _____ Date _____

Check here, if additional pages are necessary.