Academic:  Date:

**Location:** (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is located in the UCCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ office, with additional responsibilities in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County(s).

**Job Summary:** (As outlined in your position PVA and/or PD, ‘Position Purpose’ section)

**Areas of Concern:** Describe the area(s) in which the academic HAS NOT met performance expectations?

|  |
| --- |
|  **Improvement Goals: Provide specific goals as they relate to areas of concern, and how they are to be addressed and improved upon.** |
| **Goal** | **Goal Description** | **Issue addressed by meeting goal** | **Milestone Dates -** | **Resources or Contacts** | **Comments** | **Expected Completion****Date** |
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|  **EXPECTATIONS: To demonstrate improvement and progress toward goal achievement, the academic must meet the following performance expectations.** |
| **Expectation Description** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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| --- |
| **Progress Benchmarks** |
| **Goal** | **Description of activity and progress** | **Barriers encountered** | **Next steps, if needed** | **Date of check** | **Comments** | **Initials** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Primary Supervisor Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Secondary Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Personnel Vice Provost (if applicable) Signature Date

**If available, please include a copy of the signed plan with applicable evaluation(s).**

CC: Academic HR