

# Employee Competency Improvement Plan

**Employee Name:**

Enter employee's full name

**Position/Title:**

Enter position or title

**Department:**

Enter department

**Supervisor:**

Enter supervisor's name

**Date Initiated:****Competency Area(s) to Improve:**

List the key competencies to be developed

**Improvement Objectives:**

Describe the desired outcomes

**Action Plan**

| Action Step     | Resources Required | Responsible      | Timeline       | Evaluation Method  |
|-----------------|--------------------|------------------|----------------|--------------------|
| Describe action | e.g., Training, Ma | Person(s) respon | e.g., 2 months | e.g., Observation, |
|                 |                    |                  |                |                    |
|                 |                    |                  |                |                    |

**Review Date:**

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Employee Signature & Date

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Supervisor Signature & Date