

RD Form 2060-2  
(Rev 08-04)

United States Department of Agriculture  
Rural Development

**OPPORTUNITY TO IMPROVE**

*This form documents a plan for required performance improvement when performance does not meet expectations (i.e., the "Results Achieved" level). It lists specific examples of the specific deficiencies and the required improvements to bring performance to the "Results Achieved" level. Additional clarifying information, if provided, must be specified in, or attached to, this plan.*

1. EMPLOYEE'S NAME	2. POSITION	3. ORGANIZATION
4. COMMENCING DATE	5. ENDING DATE	6. PLAN DURATION (No. of Days)

**PART I - IMPROVEMENT PLAN**

7. Elements	8. Deficiency(ies) (Cite specifics)	9. Required Improvement

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**PART I - IMPROVEMENT PLAN, Continued**

10. SUPPORT TO BE PROVIDED EMPLOYEE (Indicate the support to be provided by the Supervisor or Rating Official (e.g., training, equipment, etc.) and the frequency of discussion.)

11. REGULATORY REQUIREMENTS

- During this opportunity to improve (OTI), you will be expected to perform all the elements of the performance work plan. You must independently perform these duties at least at the "Results Achieved" level.
- Upon completion of the OTI, you will be re-evaluated on the element(s) identified in this plan and informed of your performance in relation to your performance work plan.
- If you have achieved the results expected/required, the OTI is concluded and you must maintain this level of performance for one year commencing from the date of the OTI.
- If at any time during this one-year period your performance falls below the "Results Achieved" level in any of the elements specified in this plan, appropriate remedial action will be proposed. This may include, but is not limited to, a downgrade to a different position or removal from your position.
- If at the end of this OTI you have not achieved the results expected/required, it will be necessary to determine an appropriate remedial action to propose as mentioned above.
- If a definite decision cannot be made at the end of this OTI regarding your progress, the OTI may be extended. If this occurs, you will be notified in writing.
- Areas in which you think you need additional training will be considered. The scope and level of such training provided will be determined based on how much and what kind of training has already been provided and what is customary for your position duties and grade level. If you believe additional training is needed, submit a written request to me within ten (10) days listing specific training needs.
- Questions regarding this improvement plan, your work assignments, or the level of performance expected from you, should be directed to me.

**NOTE:** Experience indicates that, at times, performance problems can be the result of personal situations. While this may not be the case, it may be helpful to consider all the factors contributing to your performance problems. If you feel this may be the case, we encourage you to contact your Employee Assistance Program (EAP) at \_\_\_\_\_. You may contact the program personally, or if you prefer, an appointment can be made for you. All information you provide is strictly confidential, unless you specifically authorize its release.

12. PLAN ESTABLISHMENT SIGNATURES (Sign when improvement plan is established)

Employee Signature	Date (MM-DD-YYYY):	Supervisor/Rating Official Signature	Date MM-DD-YYYY:

**DISTRIBUTION (Plan Establishment)**

Original - Rating Official

Copy - Employee

Copy - Reviewing Official

Copy - Human Resources

**PART II- FOLLOW-UP REVIEW AND DISCUSSION**

Follow-up No.	1	2	3	4	5
Meeting Date					
Employee Initials					
Supervisor Initials					

**PART III - FINAL REVIEW**

Employee has achieved the required improvement(s) described in this OTI, **OR**

Employee has not achieved the required improvement(s) described in this OTI. The employee continues to have problems in the areas described below:

**13. REVIEW CERTIFICATION**

Employee Signature	Date (MM-DD-YYYY):
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Supervisor/Rating Official Signature	Date (MM-DD-YYYY):
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Reviewing Official Signature	Date (MM-DD-YYYY):
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**DISTRIBUTION (Plan Completion)**

Original - Human Resources

Copy - Employee

Copy - Supervisory/Rating Official

Copy - Reviewing Official