|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fecha de inscripción  | D |    | M |    | A |    |
| **Funcionario Sujeto de Plan de Mejoramiento** |
| Nombre y apellido:       |
| Cargo:       |
| Proceso al que Pertenece:       |
| Responsable del Proceso:        |
| Dependencia:       |
| Jefe de Dependencia:       |
| Cargo:       |
|  |
| **Fuente del plan:** | Evaluación de Desempeño | [ ]  | Auto Evaluación a la Gestión | [ ]  | Auditorías | [ ]  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N° | ACCIÓN MEJORADORA | OBJETIVO DE LA GESTIÓN | META | DIMENSIÓN META | FECHA INICIOD/M/A | FECHA FINALD/M/A | PERIODICIDAD SEGUIMIENTOTrimestre/semest. | OBSERVACIONES |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |
|     |       |       |       |       |       |       |       |       |

 CONCERTADO:

|  |
| --- |
| Descripción de los aspectos de mejoramientos:       |

 Firma Empleado Firma Jefe Dependencia