Performance Improvement Plan

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| --- | --- | --- | --- |
| Employee Name: |  | Role Title: |  |
| Manager Name: |  | Role Title: |  |
| Action Plan Start Date: |  | Action Plan End Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objective and Standard | Actions Required(Manager or Employee) | Measurement(time frame) | Review Dates / Period | Performance Outcome |
| Issue 1: Describe the issue e.g. inappropriate tone of voice when dealing with a client |
| e.g. Appropriate use of tone, language and manners with a client | e.g. Supervisor to conduct training course on appropriate behaviour to clients | e.g. Training to be conducted within 2 days from meeting date | e.g. Informal review of client service over a two week period | 1st review conducted on [date], no episodes2nd review conducted on [date], one situation, reviewed trainingFinal review conducted on [date], no issuesGood results over 2 week period. Demonstrated ability to perform requirements of job. Expect this to continue. |
| Issue 2: Describe the issue |
| Enter Details |  |  |  |  |

|  |
| --- |
| Issue 3: Describe the issue |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enter Details | Enter Details | Enter Details | Enter Details | Enter Details |

|  |
| --- |
| Issue 4: Describe the issue |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enter Details | Enter Details | Enter Details | Enter Details | Enter Details |

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| --- |
| Issue 5: Describe the issue |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enter Details | Enter Details | Enter Details | Enter Details | Enter Details |

Your first fortnightly review will occur effective [Select Date], with a formal review at the end of the action plan period on [].

**Agreement**

I, [], have read and understand the Performance Improvement Plan and agree to the plan outlined above.

I am aware that this action plan sets the minimum standards to be met during and after completion and that my performance in other areas must not decline.

I understand the consequences of failing to meet the minimum standards which may include disciplinary action.

Employee Name: [] Manager Name: []

Employee Title: [] Manager Title: [Insert Title]

Employee Signature: …………………………………………………….. Manager Signature: ……………………………………………..………

Date: [] Date: []