Performance Improvement Plan

EMPLOYEE / LINE MANAGER DETAILS		
Employee name:	**Position title:**	**Department:**
Commencement date in role:	**Line manager's name:**	**Line manager's title:**

EMPLOYEE IMPROVEMENT PLAN PERIOD	
Starting date:	**Ending date:**
Interim assessment date(s): i.e. Weekly, fortnightly, monthly	

ACTION PLAN
1. Area requiring improvement:
Actions / steps required listed in number format: 1.
Primary support person: **Second support person (optional):**
Success criteria:

Assessment on performance:
Review Date:

2. Area requiring improvement:
Actions / steps required listed in number format: 1.
Primary support person: **Second support person (optional):**
Success criteria:
Assessment on performance:
Review date:

3. Area requiring improvement:
Actions / steps required listed in number format: 1.
Primary support person: **Second support person (optional):**

Success criteria:
Assessment on performance:
Review date:

4. Area requiring improvement:
Actions / steps required listed in number format: 1.
Primary support person: **Second support person (optional):**
Success criteria:
Assessment on performance:
Review date:

5. Area requiring improvement:
Actions / steps required listed in number format: 1.
Primary support person:

Second support person (optional):
Success criteria:
Assessment on performance:
Review date:

_____ _____

***Employee's Signature** **Date**

_____ _____

Line manager's Signature **Date**

***Employee signature signifies review and discussion of improvement plan with line manager has occurred, not necessarily employee's agreement.**

FINAL REVIEW

Date:

	Area requiring improvement	Achieved / Not achieved	Comments
1.			
2.			
3.			
4.			
5.			

Recommendations

Outline the recommendations to the Chief Executive Officer on how to proceed. This may include, but is not limited to, extending the plan, concluding the plan or taking disciplinary action if the employee's performance has not improved within the specified timeframe.

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