|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** |  | **Line Manager** |  |
| **Team/department** |  | **Date PIP created** |  |
| **Dates of PIP Review Period** | From:  To: | **Performance Improvement Process Stage** | Stage 1 /Stage 2 / Stage 3 / Stage 4 |

**Section One -** **Performance Objectives.**

Discuss and agree the targets to be achieved in the review period in the form of SMART objectives.

|  |  |  |
| --- | --- | --- |
| **Performance Targets**  What has to be achieved to ensure you demonstrate the required performance improvement? | **Measures or descriptions**  What specific actions/outcomes will demonstrate the objective is achieved | **Completion date** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**Section Two – Additional Support**

Discuss and agree what support the employee should use and/or the manager will provide in achieving the performance targets. Such measures many include but are not limited to: additional supervision; coaching and development; relocation of other duties; or additional support from colleagues

|  |  |  |
| --- | --- | --- |
| **Additional Support**  What activities will support my achieving my performance targets? | **Who is responsible for this?** | **By when?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Line Manager’s Signature……………………………………………………... Name:……………………………………………… Date………………..

Employee’s Signature……………………………………………………………Name………………………………………………. Date……………….

**Section Three - Review of PIP**

To be discussed and agreed at the end of the review period

|  |  |
| --- | --- |
| **Identify specific areas where performance has improved since the last form was completed:** | |
|  | |
| **Identify any problems that still remain and the steps being taken to address these:** | |
|  | |
| **Are any changes required to the PIP? If yes, give details:** | |
|  | |
| **Employee's comments on the process so far and any further points to be noted:** | |
|  | |
| **Outcome of the PIP Review Meeting:** | PIP successfully completed  PIP revised and formal warning to be issued  Matter to be referred for consideration under another policy |

Line Manager’s Signature……………………………………………………... Name:……………………………………………… Date………………..

Employee’s Signature……………………………………………………………Name………………………………………………. Date……………….