**PERFORMANCE IMPROVEMENT PLAN (PIP)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Employee name*** |  | ***Managers name*** |  |
| ***Role title*** |  | ***Role title*** |  |
| ***School/Department*** |  | ***Date*** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Performance issue/concern**  *Detail specific area where performance standards have not been met. Examples should be provided.* | **Expected improvement actions/performance**  *Detail what actions need to be taken/outcomes need to be delivered to achieve the standard expected & timescales set.* | **Support & dependencies**  *Detail what support will be provided & if any dependencies* | **Due date** |
| **1** | ***E.g. Time Management*** | ***Weekly/Daily*** |  |  |
| **2** | *Next performance issue in need of addressing ……* |  |  |  |
| **3** | *Next performance issue in need of addressing……* |  |  |  |
| **4** | Next performance issue in need of addressing…… |  |  |  |
| **5** | Next performance issue in need of addressing…… |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

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| **Managers Comments:** |
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| --- | --- | --- | --- |
| **Employee Comments** | | | |
| *The employee can record any comments/views in this section during the PIP at any meetings held.* | | | |
|  | | | |
| **This PIP has been agreed by**: | | | |
| **Managers signature** |  | **Date** |  |
| The reason for the PIP has been explained & I have been issued with a copy of the performance improvement policy. | | | |
| **Employees signature** |  | **Date** |  |

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| **PIP PROGRESS – SUMMARY** |

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| **Perf.**  **Concern** | **Date of Review** | **Progress**  Detail the status of the progress made at the review meeting  i.e. [Satisfactory improvement, partial improvement] or  [ Insufficient/No improvement] | **Next Action Required** | **Due Date** |
| **1** |  | Choose an item.  *Outcome: …………………..* |  |  |
| **2** |  | *Outcome: …………………..* |  |  |
| **3** |  | *Outcome: …………………..* |  |  |

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| --- | --- | --- |
| **MANAGERS ASSESSMENT /OUTCOME OF PIP**   |  | | --- | | Choose an item. | | **Comments/Next Steps**  *Dates of the review meetings held, the progress made during the PIP, next action required and the dates for completion should all be recorded.* | |

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| **Managers signature** | …………………………………………………………………………………………………………….. | **Date** | ………………………………………….. |
| **Employees signature** | …………………………………………………………………………………………………………..... | **Date** | ………………………………………….. |