**Appendix C – Performance Improvement Plan (PIP) Template**

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| **PERSONAL DETAILS:** | | | | | | | | | | |
| Staff Name: |  | | Job Title | | | | Line Manager’s Name: | | | |
| Plan Start Date: | | | | | Plan End Date: *(When will the Overall review of the plan be undertaken*) | | | | | |
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| **Aspect of Performance Under Review:**  *Enter a description of the nature of the underperformance* | **Objective:**  List the agreed objectives linked to the aspect of performance that will be monitored. | | **Performance Measure:**  Agree the targets against which the employee will be measured.  *How will you know when the expected standards of performance have been met?* | | | | **Timescale:**  Agree a reasonable timescale for improvement e.g. *review each week for four weeks* | | **Progress:**  Review how well the member of staff has performed against the agreed objective (completed, still in progress, not completed) and give reasons. | | |
|  | Enter improvement objective 1 | | Detail SMART criteria for improvement objective 1 | | | | Detail when progress against improvement objective 1 will be reviewed | | Detail the specific reasons / consequences if the member of staff does not achieve improvement objective 1 | | |
|  | Enter improvement objective 2 | | Detail SMART criteria for improvement objective 2 | | | | Detail when progress against Improvement objective 2 will be reviewed | | Detail the specific reasons / consequences if the member of staff does not achieve improvement objective 2 | | |
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| **LEARNING & DEVELOPMENT PLAN:** Identify any appropriate learning or development that will assist the individual in improving their performance. | | | | | | | | | | |
| L&D Activity | | | | Expected Effect / Outcome | | | | | | Timescale |
|  | | | |  | | | | | |  |
| Other Support identified to assist the individual in improving their performance | | | | | | | | | | |
|  | | | | | | | | | | |
| **COMMENTS BY MANAGER:** To be completed at the end of the review meeting on ……………………………….…… (date) | | | | | | **COMMENTS BY EMPLOYEE:** To be completed at the end of the review meeting on ………………………………...…… (date) | | | | |
| Overall outcome if plan objectives are completed/not completed  Consequences if PIP is not completed satisfactorily by the plan end date | | | | | |  | | | | |
| Date | | Signed | | | | Date | | Signed | | |