**PERFORMANCE IMPROVEMENT PLAN**

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| --- | --- |
| Name of organisation |  |
| Name of employee |  |
| Employee’s role |  |
| Employee’s workgroup/section/department |  |
| Date and time of initial performance meeting |  |
| Performance issue |  |
| Examples |  |
| Job requirement/s not being met |  |
| Potential/actual impact on business |  |
| Agreed actions to support improved work performance |  |
| Process for monitoring the employee’s progress in improving work performance under this plan |  |
| Employee’s comments in relation to performance issue and plan, as conveyed during meeting |  |
| Effective commencement date of plan |  |
| Date plan issued to employee |  |
| I ***[insert employee’s name]***acknowledge and understand the contents of this plan; and acknowledge and understand that my employer has informed me that if I do not make satisfactory progress in improving my work performance under this plan at any time, my ongoing employment will be in jeopardy.  Signed by employee:.................................................. Date of signing: .......................................  Date plan returned by employee to supervisor HR:.................................................. | | |