|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:**  **Manager Name:** | **Start date:**  **Review date:** | **Informal PIP\*** | **1st Formal\*** | **2nd Formal\*** |

\*circle as applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Work performance issue/concern**  (Summary facts and Dates) | **Standards of improvement required**  (SMART objectives) | **Dates**  (Improvements required by when) | **Support Activity**  (Coaching, training, support, development activity required to improve performance) | **Evidence to support target achievement** | **Evidence that target has not been achieved** |
|  |  |  |  |  |  |

|  |
| --- |
| **Managers comments:** |
|  |
| **Employee comments:** |
|  |

**Signed by Employee……………………………………………………..Date……………………………………**

**Signed by Manager……………………………………………………….Date……………………………………**