**Performance Improvement Plan**

**Staff Name: Date:**

**Manager Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Behaviour** | **Evidence** | **Required Behaviour** | **By When** | **Support Offered** | **Date Achieved** |
|   |  |  |  |  |  |

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| --- |
| **Manager Comments:**Manager agrees plan is reasonable **Signature: Date:** |
| **Staff Member Comments:**Staff member agrees plan is reasonable  **Signature: Date:** |

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| --- |
| **1st Review Date:****Comments** |
| **Manager Signature: Date:** |
| **Staff Signature: Date:** |

|  |
| --- |
| **2nd Review Date:****Comments** |
| **Manager Signature: Date:** |
| **Staff Signature: Date:** |