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|  | |
| **Employee’s name:** |  |
| **Employee's job title:** |  |
| **Employee's department:** |  |
| **Employee's manager:** |  |
|  | |
| You have been sent this form (PIP) as it has been identified that your performance within your role is falling below the required standards in certain areas.  The purpose of this document is to set out the expected improvement, how those improvements will be measured and the timescale for such improvement.  This performance management process is to assist you with improving your performance to the required standard for your role. As such, if you require any assistance or support you are encouraged to contact your manager, to discuss support with this.  Your performance will be monitored over the next [INSERT] months. At the end of this period, your performance will be assessed, and a decision will be made as to whether you have achieved the required standards, bearing in mind the areas where performance concerns have been identified. If at this time performance concerns are still evidenced, then this may result in performance management proceeding to the next stage of the formal process as per our Performance Management Policy.  During this period, review periods will be scheduled to touch base and assess your performance and establish whether improvements are progressing. This will give you the opportunity to also raise any questions or concerns you may have. | |
| **Performance concern 1** | |
| [DETAIL AREA OF CONCERN AND WHAT DATE(S) THIS WILL BE REVIEWED] | |
| Required improvement | |
|  | |
| How this will be measured | |
|  | |
| **Performance concern 2** | |
| [DETAIL AREA OF CONCERN AND WHAT DATE(S) THIS WILL BE REVIEWED] | |
| Required improvement | |
|  | |
| How this will be measured | |
|  | |
| Review Date | |
|  | |
| **Performance concern 3** | |
| [DETAIL AREA OF CONCERN AND WHAT DATE(S) THIS WILL BE REVIEWED] | |
| Required improvement | |
|  | |
| How this will be measured | |
|  | |
| **Performance concern 4** | |
| [DETAIL AREA OF CONCERN AND WHAT DATE(S) THIS WILL BE REVIEWED] | |
| Required improvement | |
|  | |
| How this will be measured | |
|  | |
| **Performance concern 5** | |
| [DETAIL AREA OF CONCERN AND WHAT DATE(S) THIS WILL BE REVIEWED] | |
| Required improvement | |
|  | |
| How this will be measured | |
|  | |
|  | |
| Please read this document carefully as you are required to work in accordance with the points raised in this form. If you have any questions as to the areas and extent of improvement required on your part, please raise this with your manager. | |
|  | |
| Employee’s signature: |  |
| Date: |  |
| Manager’s signature: |  |
| Date: |  |