|  |  |  |
| --- | --- | --- |
| Employee’s name | Line Manager’s name | HR Representative name |
|  |  |  |
| PIP Commencement Date | End Date  |
|  |  |

***+ Note:*** *The length of the PIP period will vary depending on the individual circumstances, however as a general guide, 4 weeks could be considered an appropriate length of time for performance to improve.**In exceptional circumstances, it may be appropriate to reduce the agreed period of the PIP during the process, but only where the employee is not available to complete the process, most of the assessment has already been completed and any significant change in the remaining period would be unlikely to alter the final assessment.*

**PART A – Improvement expected**

|  |  |  |
| --- | --- | --- |
| **Improvement goals/targets/objectives** | **Deadline/ Timeframe** | **Quality / Quantity Measure** |
| *Example* 1. *Knowledge of the Safeguarding Policy and online/face-to-face course completed*
2. *Knowledge of PSEA Policy and online/face-to-face course completed*
3. *Knowledge of Code of Conduct and online//face-to-face course completed*
4. *Knowledge of other specific organizational online/face-to-face course completed*
5. *The role of the employee in regards to safeguarding and the expected outputs and behaviours*
6. Employee participates in workshop or seminar on xxxxxx, job shadowing, on-job-training etc etc
 |  |  |
| **Scheduled Review Dates** *(specify when regular meetings* *will be held to discuss progress)* |  |

**Part B – Strategies to Improve Performance**

|  |
| --- |
| Agreed strategies to assist in improving performance |
|  |

**Part C – PIP Checklists**

|  |
| --- |
| ***Employee checklist:***[ ]  I am aware of my obligations as an employee of XXXXX considering my job description and the organization policies.[ ]  I have read and agreed with the objectives listed on this form.[ ]  I understand that at the end of the PIP period if my performance: * improves to at least “fully effective” level then I will return to standard performance management arrangements.
* **does not** improve and I do not achieve the objectives listed above, the organization may decide to terminate my Employment Agreement according to the HR Manual, Section 10 – Disciplinary Procedures and Separation of Employment.

[ ]  I understand and agree with this PIP; or[ ]  I disagree with some/all aspects of this PIP and wish to make the following comments (*Need more room, attach a separate page*): |
| Employee signature | Date |  |

**Part D – Performance Assessment (Completed at the end of the PIP period)**

|  |  |
| --- | --- |
| Employee self-assessment of agreed tasks*(Met, partially met, not met)* |  |
| Supervisor Evaluation |  |
| **Recommended Performance rating:** | [ ]  Fully Effective[ ]  Partially Effective[ ]  Not Effective |
| **Supervisor Recommendation:** |
| Supervisor Signature: | Date: |
| Employee signature: | Date: |
| Human Resources Officer: | Date: |