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| **INFORMAL ACTION** |
| **Employee Name** |  | **Line Manager** |  |
| **Department/Faculty/Directorate** |  |
| **PIP Start Date** |  | **PIP End Date** |  |
| **Target Area***Area where performance standards have not been met.* | **Performance Concern***Examples and dates of how/when the standard has not been met.* | **Expected Standard of Performance***Standards expected of employee i.e., what does ‘good’ look like*. | **Agreed Actions***What action is needed to meet expected standard of performance*. | **Support Required***What additional support does the employee need to achieve the expected standard of performance*. | **Review Date***Date agreed to review this target area.* | **Review Notes***Improvements made and any future review dates before the end date* | **Date to Achieve Expected Standard** |
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| **Outcome of the PIP** *(Summarise below the overall outcome e.g., where objectives have been achieved/not achieved. Where objectives have not been achieved and performance is not satisfactory, state what action will be taken. State where a First Formal Meeting is required)* |
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| **FIRST FORMAL MEETING** |
| **Employee Name** |  | **Line Manager** |  |
| **Department/Faculty/Directorate** |  |
| **First Formal Stage Start Date** |  | **First Formal Stage End Date** |  |
| **Target Area***Area where performance standards have not been met.* | **Performance Concern***Examples and dates of how/when the standard has not been met.* | **Expected Standard of Performance***Standards expected of employee i.e., what does ‘good’ look like*. | **Agreed Actions***What action is needed to meet expected standard of performance*. | **Support Required***What additional support does the employee need to achieve the expected standard of performance*. | **Review Date***Date agreed to review this target area.* | **Review Notes***Improvements made and any future review dates before the end date* | **Date to Achieve Expected Standard** |
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| **Outcome of the First Formal Meeting***(Summarise below the overall outcome e.g., where objectives have been achieved/not achieved. Where objectives have not been achieved and performance is not satisfactory, what action will be taken. State where a Final Formal Meeting is required)* |
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| **FINAL FORMAL MEETING** |
| **Employee Name** |  | **Manager chairing the meeting** |  |
| **Department/Faculty/Directorate** |  |
| **Final Formal Stage Start Date** |  | **Final Formal Stage End Date** |  |
| **Target Area***Area where performance standards have not been met.* | **Performance Concern***Examples and dates of how/when the standard has not been met.* | **Expected Standard of Performance***Standards expected of employee i.e., what does ‘good’ look like*. | **Agreed Actions***What action is needed to meet expected standard of performance*. | **Support Required***What additional support does the employee need to achieve the expected standard of performance*. | **Review Date***Date agreed to review this target area.* | **Review Notes***Improvements made and any future review dates before the end date* | **Date to Achieve Expected Standard** |
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| **Outcome of the Final Formal Meeting***(Summarise below the overall outcome e.g., where objectives have been achieved/not achieved. Where objectives have not been achieved and performance is not satisfactory, what action will be taken)* |
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