

Initial Meeting

Date & Attendees

Initial Meeting Date:	DD/MM/YYYY
Employee Name:	
Employee Title:	
Employee's Manager:	
Department:	
Reviewer:	Insert name of individual leading meeting and presenting plan to the employee
Present:	<ul style="list-style-type: none"> ◆ Insert names of individuals present at meeting ◆ Insert names of individuals present at meeting ◆ Insert names of individuals present in meeting

Previous Conversations and/or Verbal Warning

On Insert date, Insert names of individuals present met with you to discuss:

- ◆ Insert details about what was discussed. Be specific.
- ◆ Insert details about what was discussed. Be specific.

Subsequently, on Insert date, Insert names of individuals present met with you again to discuss:

- ◆ Insert details about what was discussed. Be specific.
- ◆ Insert details about what was discussed. Be specific.

Performance Improvement Area(s)

Despite previous conversations and warnings, your performance with respect to the following behavior(s) or job success factors has not met expectations.

Behavior or Job Success Factor	Example
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Behavior or Job Success Factor	Example
◆ List skill, behavior or trait	◆ List 1 or more examples of behavior or situations you have observed
◆ List skill, behavior or trait	◆ List 1 or more examples of behavior or situations you have observed
◆ List skill, behavior or trait	◆ List 1 or more examples of behavior or situations you have observed

Expected Results

Your performance in these areas needs to improve to meet the standards below.

Behavior or Job Success Factor	Performance Standard Expected
◆ List same skill, behavior or trait as above	◆ State expected standard of performance for this behavior, skill or trait for position the employee holds
◆ List same skill, behavior or trait as above	◆ State expected standard of performance for this behavior, skill or trait for position the employee holds
◆ List same skill, behavior or trait as above	◆ State expected standard of performance for this behavior, skill or trait for position the employee holds

Corrective Action

To help you develop in these areas, you are required to take the following actions:

- ◆
- ◆

Time Frame

It's our expectation that your performance will meet the expected results described above by date.

The first follow-up meeting to discuss progress is scheduled for . Additional documentation will be added to this form once the meeting occurs.

Support & Resources

To help you achieve these results, following support and resources will be provided to you:

- ◆

- ◆ List internal and/or external support & resources

Action Plan

Your action plan for working toward achieving these results is listed below as a series of incremental goals. Each follow up meeting between now and the conclusion of this performance improvement plan will review the status and achievement of these goals. Changes, updates and/or additions will be made at each follow up meeting.

Measurable Goal	Completion Date
◆ List measurable, observable, incremental goal	◆ Insert date
◆ List measurable, observable, incremental goal	◆ Insert date
◆ List measurable, observable, incremental goal	◆ Insert date

Consequences

If the results specified in the **Expected Results** section, above, are not met within the **Time Frame** indicated above, you will be subject to disciplinary action, up to and including termination of employment for cause.

Authorization & Acknowledgement

For both copies of this form, initial each page and sign as indicated below.

Return one copy of this form to [] by Insert date - usually 2 working days after the date of the initial meeting, at the latest, and retain one copy for your records.

MANAGER

Enter Legal Name of Company per:	
Signature	Date
Name of Authorized Signatory - typically the employee's manager	Title of Authorized Signatory



EMPLOYEE

I, **Employee Name**, have read and understood the meaning and serious nature of the content in this form.

Employee Name	
Signature	Date
Witness Name	
Signature	Date

Employee Comments (use additional page as an addendum if required)

Additional employee comments have been provided as an addendum to this form. Yes No

Follow-Up Meeting #1

Date & Attendees

Meeting Date:	DD/MM/YYYY
Present:	<ul style="list-style-type: none"> ◆ Insert names of individuals present in meeting ◆ Insert names of individuals present in meeting ◆ Insert names of individuals present in meeting

Performance Improvement Area(s) – Observations & Outcome

Performance Improvement Areas	Observations/Outcome
Copy Performance Improvement Area from initial meeting	Insert observations made during the review period regarding this improvement area
Copy Performance Improvement Area from initial meeting	Insert observations made during the review period regarding this improvement area

Action Plan – Progress Update

Measureable Goal	Completion Date	Status
◆ List goal from initial meeting	◆ Insert date	◆
◆ List goal from initial meeting	◆ Insert date	◆
◆ List goal from initial meeting	◆ Insert date	◆

Summary Comments

Insert summary comments regarding the review period

Authorization & Acknowledgement

For both copies of this form, initial each page and sign as indicated below. Return one copy of this form to [redacted] by Insert date - usually 2 working days after the date of the initial meeting, at the latest, and retain one copy for your records.

MANAGER

Enter Legal Name of Company per:	
[redacted]	
Signature	Date
Name of Authorized Signatory - typically the employee's manager	Title of Authorized Signatory
[redacted]	[redacted]

EMPLOYEE

I, [redacted], have read and understood the meaning and serious nature of the content in this form.

Employee Name	
[redacted]	
Signature	Date
[redacted]	[redacted]
Witness Name	
[redacted]	
Signature	Date
[redacted]	[redacted]

Employee Comments (use additional page as an addendum if required)
[redacted]

Additional employee comments have been provided as an addendum to this form. Yes No

Follow-Up Meeting #2

Date & Attendees

Meeting Date:	DD/MM/YYYY
Present:	<ul style="list-style-type: none"> ◆ Insert names of individuals present in meeting ◆ Insert names of individuals present in meeting ◆ Insert names of individuals present in meeting

Performance Improvement Area(s) – Observations & Outcome

Performance Improvement Areas	Observations/Outcome
Copy Performance Improvement Area from initial meeting	Insert observations made during the review period regarding this improvement area
Copy Performance Improvement Area from initial meeting	Insert observations made during the review period regarding this improvement area

Action Plan – Progress Update

Measureable Goal	Completion Date	Status
◆ List goal from initial meeting	◆ Insert date	◆
◆ List goal from initial meeting	◆ Insert date	◆
◆ List goal from initial meeting	◆ Insert date	◆

Summary Comments

Insert summary comments regarding the review period

Authorization & Acknowledgement

For both copies of this form, initial each page and sign as indicated below. Return one copy of this form to [redacted] by Insert date - usually 2 working days after the date of the initial meeting, at the latest, and retain one copy for your records.

MANAGER

Enter Legal Name of Company per:	
[redacted]	
Signature	Date
Name of Authorized Signatory - typically the employee's manager	Title of Authorized Signatory
[redacted]	[redacted]

EMPLOYEE

I, [redacted], have read and understood the meaning and serious nature of the content in this form.

Employee Name	
[redacted]	
Signature	Date
[redacted]	[redacted]
Witness Name	
[redacted]	
Signature	Date
[redacted]	[redacted]

Employee Comments (use additional page as an addendum if required)
[redacted]

Additional employee comments have been provided as an addendum to this form. Yes No