# APPENDIX 1 - PERFORMANCE IMPROVEMENT PLAN – CAPABILITY PROCEDURE

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Key Areas Identified** | **Improvement Objectives**  *What specifically must the individual do to improve their performance to meet expected standards?* | **Action Steps**  *What will be done?* | **Additional Support Required**  *What additional development or support does the individual require in order that they are able to achieve expected standards?* | **Reasonable Adjustments**  *What advice has been received from OH that will support employee? List reasonable adjustments which are in place.* | **Progress Review Meetings**  *When will progress against the improvement objectives be reviewed? How will evidence of progress be collected? Who will review progress?* |
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Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of PIP discussion \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Progress Review Meetings 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Manager's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Updated January 2018