# APPENDIX 1 - PERFORMANCE IMPROVEMENT PLAN – CAPABILITY PROCEDURE

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

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| --- | --- | --- | --- | --- | --- |
| **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