

PERFORMANCE IMPROVEMENT PLAN

Employees name: _____ Target date for improvement: _____

Performance Expectations (what needs to be achieved)	Training / resources needed	Strategies, actions, tasks (how is this outcome going to be achieved)	Review date(s) and comments

Employee's signature: _____ Date: _____

Manager's signature: _____ Date: _____

This resource has been kindly provided by



If you have any questions, please call 0800 CHAMBER (0800 242 623).

DATE: MARCH 2015

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