**Performance Improvement Planner**

**Note:** *This template is provided as an example. Districts or professional groups may choose other preferred templates. A Performance Appraisal and Development Plan should have been completed prior to a Performance Improvement Program in most circumstances.*

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| Employee Responsibilities | Manager/ Supervisor Responsibilities | Senior Manager Responsibilities |
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**Participants:**

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| --- | --- | --- | --- |
| Employee Name |  | Position |  |
| Manager/Supervisor’s Name |  | Position |  |
| Senior Manager’s Name |  | Position |  |
| Work Area: |  |

**Review Period:**

* Performance Improvement Period: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_
* Performance will be reviewed on \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Review will be documented in a performance improvement report completed by senior supervisor.
* Final performance improvement review will be conducted on \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Performance Issued Being Addressed:**

*This section should note the current performance issues that are to be addressed within the Performance Improvement Program*

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**Performance Expectations and Assessment:**

*This section should clearly outline the performance expectations that need to be achieved (the role description, Queensland Health’s values of caring for people, leadership, respect and integrity and the Queensland Health Code of Conduct should be used as a minimum performance standard to follow). The strategies, actions or tasks to achieve the performance expectations should be realistic, clear, measurable and expectations. The agreed performance indicators, outcomes and/or timeframes should be achievable and monitored during each review meeting.*

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| Performance Expectations(What needs to be Achieved) | Agreed Performance Indicators /Required Outcomes / Timeframes(How are the required outcomes going to be measure) | Strategies / Actions / Tasks(How is this outcome going to be achieved) |
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**Signatures:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee | <Name> | Signature |  | Date | DD/MM/YYYY |
| Manager | <Name> | **Signature** |  | **Date** | DD/MM/YYYY |