**PERFORMANCE IMPROVEMENT PLAN**

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| **Name:** |  | **Position:** |  | **Date:** |  | **Manager:** |  |

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| **SKILLS/BEHAVIOURS TO IMPROVE***List the skills, behaviours, duties or actions that need to improve. Be specific.* | **ACTION TO BE TAKEN***What steps or actions need to be taken to ensure improvement?* | **DEVELOPMENT OPPORTUNITIES/****RESOURCES***What training, resources or support are needed to improve?* | **DATE TO BE COMPLETED** | **SUCCESS MEASURE***What does improvement look like?* |
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**Next review date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**