

Informal Performance Support Plan			
Name:		Monitoring period commences:	
Job Title:		First review:	
Agreed on:		Second review:	

Area for dev.	Actions	Time frame	Support	Success Criteria

CONFIDENTIAL

I agree with the action plan outlined above and that it is achievable and realistic. I agree to raise any concerns I have regarding the action plan together with anything I believe might impact on my ability to meet the expectations with XXXXXX as soon as possible.

*If these performance concerns have not been sufficiently addressed within the timescales cited, please be aware that your performance management cycle may not be considered to be satisfactorily completed and decisions regarding pay progression could be affected.*

Whilst it is hoped that the above support and clear focus will enable me to achieve and maintain the expected level of performance, I am aware that if, following the final informal review discussion on (date), it is believed that my performance has not improved sufficiently and there are reasonable grounds for taking formal action; I am aware that I could be required to attend a formal capability meeting as outlined in the Performance Improvement Policy.

Signed:		Name:		Date:	
Signed:		Name (Manager/Reviewer):		Date:	