#

**iTAUKEI LAND TRUST BOARD**

HEAD OFFICE

**Please Address All Correspondence**

**To The Chief Executive Officer**

431 Victoria Parade, GPO Box 116, SUVA, Fiji Islands

Tel: (679) 331 2733 Fax: (679) 331 2014 Email: info@tltb.com.fj

Web: [www.tltb.com.fj](http://www.tltb.com.fj)



**Performance Improvement Plan <<Year>>**

**TLTB Performance Improvement Plan from <<Next Quarter Date Range>>**

**Name: <<Staff Name>> Position: <<Position Description>>**

**Department: <<Cost Center>>**

**Manager: <<CostCenter Manager>>**

**Manager Title: <<Manager Position Description>>**

There are concerns around your performance which is not acceptable in your role as a <<Position Description>>, specifically:

1. <<KPI Measures less than 70%>>
2. <<KPI Measures less than 70%>>
3. <<KPI Measures less than 70%>>

These issues need to be **immediately** **addressed by you and your manager** for which we will put you on a **Performance Improvement Plan from <<Next Quarter Date Range>>** as there are some areas which need immediate attention in the areas below.

**Performance Improvement Plan Details**

| **Agreed areas of concern** | **Actions by employee to meet that standard** | **Actions employer will take to assist employee** | **Time for review** | **Report on Progress** |
| --- | --- | --- | --- | --- |
| <<KPI Measures less than 70%>> |  |  |  |  |
| <<KPI Measures less than 70%>> |  |  |  |  |
| <<KPI Measures less than 70%>> |  |  |  |  |

**Employee:** …………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………….……………………………………

**Manager:** …………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**Other**: ……………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………………………..

It is important for you to understand that if your performance does not improve to the required standard in each of the areas outlined, disciplinary action for poor performance may be taken and your continued employment may be at risk. Your manager also hereby commits to ensuring regular follow up and feedback as per the table above.

We look forward to seeing a significant improvement in your work performance and also in communication and support towards your manager.

**Acknowledgement:**

I, <<Staff Name>> acknowledge and agree to the terms in my Performance Improvement Plan (PIP).  I understand that if my performance remains unsatisfactory or if I do not meet the standards outlined in the plan as agreed in the timelines for delivery of tasks, my employer may immediately investigate their concerns in respect of my performance, which may result in disciplinary action and that my continued employment may be at risk.

Signature Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

…………………………………………………………………………. …………………………………………

 **Employee signature Date**

**Performance Improvement Follow-Up**

**This follow-up is to be completed within two weeks of the result deadline date.**

**Was the desired result achieved on time? Yes No (circle one)**

**Next steps to be carried out following achievement/non-achievement of objective result**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

 **Manager signature Date**

***I acknowledge the decision and next steps outlined in the Performance Improvement Follow-Up***

………………………………………………………………………….…………………………………………

 **Employee signature Date**

**Administration:**

There are to be two copies of the document – the first, an official record that will be held in the employee’s personnel file and the second, a working copy for the employee.