

*** STAFF MEMBER'S COMMENTS**

The staff member should be given the option to make any comments/raise any mitigating circumstances in relation to the details of the unsatisfactory performance, which can be recorded below.

First and Second Counselling sessions only - The staff member may provide a written response within 10-working days from the date of receipt of the counsel.

First and Second Counselling Sessions only - Ensure a Follow-up Session is scheduled to review the response and finalise the Performance Improvement Plan.

DETAILS:

.....

.....

.....

.....

*** SUPERVISOR'S COMMENTS**

The supervisor may wish to respond to the staff member's comments, which can be recorded below.

DETAILS:

.....

.....

.....

.....

*** PERFORMANCE IMPROVEMENT PLAN**

Detailed below are the specific actions required to rectify the unsatisfactory performance e.g. undergo training programs, provide medical certificates for absences, behaviour modifications, set projects or tasks, mediation meetings, EAP counselling.

No.	Date	Details	By When

NEXT STEPS IN THE PROCESS

Detail what will happen next. Examples include:

- *The consequences if:*
 - unsatisfactory performance continues then it will proceed to the second or third stage and state the length of the review period; or
 - there is no commitment to improve or acknowledgement by the staff member there is an issue of unsatisfactory performance then a report is made direct to the DVC/NP;
- *Potential disciplinary action;*
- *Follow-up session(s) during the review period and what they will cover;*
- *The matter will be closed if improvement is maintained for a specified period.*

DETAILS:

ANY OTHER RELEVANT INFORMATION

E.g. staff member/supervisor on leave, constraints to process.

DETAILS:

DATE OF NEXT MEETING/END OF CURRENT PERFORMANCE REVIEW PERIOD (IF APPLICABLE)

Purpose of Meeting e.g. Interim Progress, Second/ Third Counselling		Date		Time	
Location					

CERTIFICATION (ALL SIGNATURES ARE REQUIRED)

Supervisor Name <i>(please print)</i> : Signature:..... Date:	Staff Member <input type="checkbox"/> Refused to sign - copy of counselling record has been provided. Name <i>(please print)</i> : Signature: Date:
Supervisor's Representative (if applicable) Name <i>(please print)</i> : Signature:..... Date:.....	Staff Member's Representative (if applicable) Name <i>(please print)</i> : Signature: Date:

FINAL CHECKLIST

<input type="checkbox"/> All parties signed <i>(notate if staff member refuses to sign)</i>	<input type="checkbox"/> Copy placed on RMO file
<input type="checkbox"/> Copy provided to staff member (including attachments)	<input type="checkbox"/> Copy forwarded to Human Resources