Performance Improvement Plan

This plan sets out the areas where improvement is needed, the support available and how progress will be measured.

Company

COMPANY NAME

CIN OR REGISTRATION NO.

REGISTERED ADDRESS

Employee

EMPLOYEE NAME

EMPLOYEE ID

DATE OF JOINING

DESIGNATION

DEPARTMENT

Plan

PLAN START

PLAN END

CHECK-INS

PERFORMANCE CONCERNS

GOALS AND HOW THEY WILL BE MEASURED

SUPPORT (TRAINING, MENTORING, RESOURCES)

If goals are met, the plan closes. If not, further action may follow, which could include ending employment after a fair review.

Employee acknowledgement

☐ I have discussed this plan with my manager.

MY COMMENTS

Signed electronically under the Information Technology Act, 2000.

Company

SIGNATURE

PRINTED NAME

DATE

Employee

SIGNATURE

PRINTED NAME

DATE