

LAHORE UNIVERSITY OF MANAGEMENT SCIENCES

Employee Performance Improvement Plan

Employee Name		Employee ID	
Designation		Supervisor Name	
Department		Session Date	

Period Under Review

From:		To:	
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	Performance Issue/Concern	Expected Performance or Improvement Actions	Evaluation	Evaluation
	<i>Detail specific areas where performance standards have not been met. Examples should be provided.</i>	<i>Detail what actions need to be taken/outcomes need to be delivered to achieve the standard expected & timescales set.</i>	<i>Detail assessment is to be filled out after the completion of the plan.</i>	<i>After the completion of extended PIP</i>
1				
2				
3				
4				
5				
6				

Timeline for Improvement, Consequences & Expectations

This Performance Improvement Plan (PIP) is effective immediately and will last for **00 days**. During this time, you will be expected to make regular progress on the plan outlined above. Failure to meet or exceed these expectations or any display of gross misconduct will result in further consequences.

Employee Comments:

Supervisor/HOD Comments:

Employee Signature	Date
Supervisor Signature	Date
HOD Signature	Date
Human Resources Signature	Date

Follow-up Updates

The employee will receive regular feedback on the progress at weekly/monthly supervisory meetings

Review Date	Outcome	Comment

To Be Filled Out After the Completion of The Plan

Please mark the below check box to indicate the status of PIP

- Satisfactory Completion of PIP
- Unsatisfactory Completion of PIP
- Extension, if yes, specify the duration: **DD/MM/YYYY**

Employee Comments:

Supervisor/HOD Comments:

Employee Signature	Date
Supervisor Signature	Date
HOD Signature	Date

Human Resources

Comments:

Signature	Date
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To Be Filled Out After the Completion of The Extended Plan

Please mark the below check box to indicate the status of PIP

- Satisfactory Completion of PIP
- Unsatisfactory Completion of PIP
- Extension, if yes, specify the duration: _____

Employee Comments:

Supervisor/HOD Comments:

Employee Signature	Date
Supervisor Signature	Date
HOD Signature	Date

Human Resources

Comments:

Signature

Date

Note: All fields are necessary to maintain