

PIP MONTHLY UPDATE REPORT-MONTH 1/2/3 ON _____ (Date)

(To be filled by Immediate Supervisor)

Staff Name: _____ Position: _____
 Department: _____ Date Employed: _____
 Time on present job: _____ Date of Interview: _____
 Supervisor Name: _____ Duration of PIP (Planned 3 month): _____ to _____

Part I: Monthly Report

Action Plans	Level of Implementation	Remarks / Issues
1. Week 1 action plan implementation		
2. Week 2 action plan implementation		
3. Week 3 action plan implementation		
4. Week 4 action plan implementation		

Supervisor's Comment on progress towards achieving the performance objectives

1st Warning letter given to staff Issued date : _____

2nd Warning letter given to staff Issued date : _____

3rd warning letter given to staff Issued date : _____

Part II: program Termination (Only to be filled up when terminating the program)

(Tick whichever is applicable)

Termination of program:

I recommend the staff to be taken off the program as he/she has improved on his/her performance and has implemented the agreed action plan.

I recommend the staff to be terminated for employment as 3 warning letters have been issued to the staff and performance has not improved.

Immediate Supervisor's signature	HOD's Comments & signature
Date	Date

Human Capital use only

HC's Comment

Head, Human Capital signature

Date