

(Company Logo)

Performance Improvement Plan – Interim Feedback Form

Employee Name:
Designation: Manager
Employee Code:

Date of Issuance of PIP:
PIP - Date of Interim Feedback:
Department:

1.FEEDBACK: Accuracy of Labelling and printing so that the work is error free
Rating from 1 to 10:
Remarks

2.FEEDBACK: Initiating for producing articulate design work as per requirement.
Rating from 1 to 10 :
Remarks

3.FEEDBACK: Effective in formulation of error free artwork so that the proof checking time can be minimum.

Rating from 1 to 10 :

Remarks

OVER ALL FEEDBACK

Rating from 1 to 10

Remarks :

Assessment rating: (Poor = Below 5) (Average = 5 to 7) (Good = 8-9) (Excellent=10)

Name & Designation of the Manager –

Sign of the Manager –