

(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:

|                             |
|-----------------------------|
| <b>1.FEEDBACK:</b>          |
| <b>Rating from 1 to 10:</b> |
| <b>Remarks</b>              |

|                              |
|------------------------------|
| <b>2.FEEDBACK:</b>           |
| <b>Rating from 1 to 10 :</b> |
| <b>Remarks</b>               |

**3.FEEDBACK:**

**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 –**