

PERFORMANCE IMPROVEMENT PLAN (PIP) REVIEW FORM

Employee Name :	Department :
Present Job Title :	Immediate : Superior
Please tick ($$) where applicable	
	Phase 2 Review Phase 3 Review Ad-hoc Review
Review Outcome:	Follow-up Action
Meet Expectation	Exit PIP Continue Current Phase
Did Not Meet Expectation	Proceed to next PIP Phase
Superior / Manager Input/Comment:	<u>:</u>
Warning to Employee	
Verbal Warning	Warning Stern Warning Final Warning

REF NO.: SLG/HR/FRM/05/02 REVISION NO: 00 EFFECTIVE DATE: 01/04/2024



PERFORMANCE IMPROVEMENT PLAN (PIP) REVIEW FORM

upport to be provided b	y Superior / Manager / Company (ie. Training, feedback, etc) or other developmen
neasures for next PIP ph		
	ement:	
	ement:	Signature:
	ement:	
	ement:	Signature: Name:
	ement:	
	ement:	Name:
Comments / Remarks: Concluded by Superior	· / Manager:	Name: Date:
Comments / Remarks: Concluded by Superior		Name:
Comments / Remarks: Concluded by Superior	· / Manager:	Name: Date:
Comments / Remarks: Concluded by Superior	· / Manager:	Name: Date:
Comments / Remarks: Concluded by Superior	· / Manager:	Name: Date:
Employee Acknowledg Comments / Remarks: Concluded by Superior Employee Name: Date	· / Manager:	Name: Date: