

INTERNAL BUSINESS SUMMARY

Report Date: _____
Period Covered: _____
Department: _____
Prepared By: _____

1. EXECUTIVE OVERVIEW

Key Achievements

1. _____
2. _____
3. _____

Critical Issues

1. _____
2. _____
3. _____

2. OPERATIONAL METRICS

Performance Indicators

- Revenue: _____
- Customer Satisfaction: _____
- Team Productivity: _____
- Project Completion Rate: _____

Resource Utilization

- Budget Used: _____
- Team Capacity: _____
- Infrastructure Usage: _____

3. PROJECT STATUS

Active Projects

Project Name	Status	Health	Next
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Upcoming Initiatives

- 1. _____
- 2. _____
- 3. _____

4. TEAM UPDATES

Staffing

- New Hires: _____
- Departures: _____
- Open Positions: _____

Training & Development

- Completed: _____
- In Progress: _____
- Planned: _____

5. BUDGET & RESOURCES

Financial Summary

- Budget Allocated: _____
- Spent to Date: _____
- Projected EOY: _____

Resource Requests

- 1. _____
- 2. _____
- 3. _____

6. RISK ASSESSMENT

Current Risks

Risk	Impact	Probability	Mi
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Compliance Status

- Audit Findings: _____
- Remediation Status: _____
- Upcoming Requirements: _____

7. STRATEGIC ALIGNMENT

Goals Progress

1.

2.

3.

Strategic Initiatives

- Short-term: _____
- Mid-term: _____
- Long-term: _____

8. RECOMMENDATIONS

1.

2.

3.

DISTRIBUTION

Confidentiality Level: _____

Distribution List: _____

APPROVALS

Prepared By: _____

Date: _____

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____