Month Date, Year  
  
**Associate Name**

Associate ID:

Dear Mr. **Associate Name**,

Sub**: Inclusion in Performance Improvement Plan**

**---**

As per the department metrics, it has been observed that you have not been performing as per the desired performance standards required for your role. We have had several discussions with you regarding your performance but have not seen improvement in meeting the desired standard.

As per our Performance Evaluation Policy & Process, you are included in the Performance Improvement Plan with defined goals as stated in the enclosed letter.

The improvement plan is for a period of 4 – 6 weeks with a review every fortnight with the final review, if need be, at the end of 6th week.

We would like to bring to your attention that upon completion of the Performance Improvement Plan, if your performance levels have not improved to meet the desired performance standards, the company shall consider you for any other assignment in other departments, and in case of unavailability of suitable role, will initiate the separation process.

Please feel free to seek any help or guidance that you need.

For **SecureKloud Technologies Ltd.**



**SIVAKUMAR NATARAJAN**

**HEAD – PEOPLE & CULTURE**

**Performance Improvement Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Emp. I.D.** |  |
| **Designation** |  | **Department** |  |

The purpose of this Performance Improvement Plan (PIP) is to define areas of concern, identify gaps in your work performance, and allow you the opportunity to demonstrate improvement and commitment.

**Summary of Performance Concern**

**Summary of Performance Expectations**

**Timeline for Performance Improvement:**

Performance improvement plan will be in effect from **date** to **date**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name** |  | **Signature** |  |
| **Associate Name** |  | **Signature** |  |

**Progress Checkpoints**

|  |  |  |
| --- | --- | --- |
| **Date of Evaluation** | **Evaluation Period** | **Feedback by Supervisor** |
|  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name** |  | **Signature** |  |
| **Associate Name** |  | **Signature** |  |

|  |  |
| --- | --- |
| **Recommendation** |  |