



PIP Progress Review Template

HR & Performance Management
hashmicro.com

1. REVIEW DETAILS

Employee Full Name		Employee ID	
Position / Title		Department	
Direct Manager		HR Representative	
PIP Reference No.	PIP-	PIP Start Date	
Review Number	Review __ of __	Review Date	
Review Type	Formal / Informal / Final	Review Period Covered	

2. OBJECTIVE PROGRESS TRACKER

#	Objective / Goal	Success Criteria	Status This Review	% Complete	Evidence Provided	Manager Rating (1-5)	On Track (Y/N)
1			Not Started / In Progress / Met / Not Met	%			Y / N
2			Not Started / In Progress / Met / Not Met	%			Y / N
3			Not Started / In Progress / Met / Not Met	%			Y / N
4			Not Started / In Progress / Met / Not Met	%			Y / N
5			Not Started / In Progress / Met / Not Met	%			Y / N
6			Not Started / In Progress / Met / Not Met	%			Y / N

3. BEHAVIOUR & CONDUCT ASSESSMENT

Assessment Area	Rating (1–5)	Comments / Observations	Improvement Since Last Review
Attendance & Punctuality			Improved / Same / Declined
Quality of Work Output			Improved / Same / Declined
Productivity / Volume of Work			Improved / Same / Declined
Communication & Collaboration			Improved / Same / Declined
Attitude & Engagement			Improved / Same / Declined
Following Instructions / Procedures			Improved / Same / Declined
Meeting Deadlines			Improved / Same / Declined
Receptiveness to Feedback			Improved / Same / Declined
Rating Scale	1 = Far Below Expectations 2 = Below 3 = Meets 4 = Exceeds 5 = Outstanding		

4. SUPPORT & ACTIONS REVIEW

Support / Action Agreed	Due Date	Completed (Y/N)	If No — Reason	Next Step
		Y / N		
		Y / N		
		Y / N		
		Y / N		
		Y / N		
		Y / N		
		Y / N		

5. FEEDBACK LOG — MANAGER TO EMPLOYEE

Positive Feedback / Areas of Improvement:

Areas Still Requiring Improvement:

Specific Examples / Incidents Since Last Review:

6. EMPLOYEE RESPONSE & COMMENTS

Employee's Comments on Their Own Progress:

Challenges / Barriers the Employee Has Identified:

Support or Resources the Employee is Requesting:

7. ACTIONS FOR NEXT REVIEW PERIOD

#	Action Item	Owner	Due Date	Success Measure	Priority
1		Employee / Manager / HR			High / Medium / Low
2		Employee / Manager / HR			High / Medium / Low
3		Employee / Manager / HR			High / Medium / Low
4		Employee / Manager / HR			High / Medium / Low
5		Employee / Manager / HR			High / Medium / Low
6		Employee / Manager / HR			High / Medium / Low

8. OVERALL REVIEW ASSESSMENT

Overall Performance This Period	Satisfactory / Needs Improvement / Unsatisfactory
PIP Trajectory	On Track / At Risk / Off Track
Recommended Next Step	Continue PIP / Extend Review / Escalate / Close PIP
Date of Next Review	
Next Review Focus Areas	
Manager's Summary	

9. CONSEQUENCES REMINDER

If objectives are NOT met by PIP end date	Further disciplinary action may be taken, up to and including termination
If objectives ARE met	PIP may be closed; ongoing monitoring for [X] months

Right to Support Person

Employee may bring a support person to formal review meetings

10. SIGN-OFF

Employee	Direct Manager	HR Representative
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____