

## Bhutan Power Corporation Limited

### Performance Plan Form

NAME	EMP ID	DESIGNATION	
OFFICE	LOCATION	GRADE	
DATE OF JOINING SERVICE (DD/MM/YYYY)	APPRAISAL PERIOD	From (MM/YYYY)	To (MM/YYYY)
DEPARTMENT	EVALUATION UNIT NAME		
NAME OF SUPERVISOR	DESIGNATION		
NAME OF REVIEWER	DESIGNATION		

**Note:**

1. Please use Block Letters & Date format as given above.
2. While filling up the Form, please be as legible as possible. Keep the form clean. Avoid overwriting and cutting as much as possible.)

#### List of Activities / Targets to be reviewed during the Appraisal Period

S. No.	Activities / Targets
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

(Please attach additional Sheet if required)

**Tick as appropriate below:**

I have discussed and understood the Performance Plan as above and agree to the Activities / Targets on which my performance would be evaluated during the Appraisal Period.

The Performance Plan as above has not been understood by me and I do not agree to the Activities / Targets on which my performance would be evaluated during the Appraisal Period. The same may be forwarded to the Reviewer for consideration and appropriate modification.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

The above Performance Plan was discussed with the employee and modified as initialed above and the same has been understood agreed upon by the employee to the Activities / Targets on which his/her performance would be evaluated during the Appraisal Period.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date