

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