

**PERFORMANCE MONITORING AND COACHING**

(To be used by the Cost Center Head)

Check appropriate box:

- 1st Quarter
- 2nd Quarter
- 3rd Quarter
- 4th Quarter

Cost Center Name : \_\_\_\_\_  
 Cost Center Head : \_\_\_\_\_  
 No. of Personnel : \_\_\_\_\_

ACTIVITY	KEY RESULT AREA	TASK/ACTIVITY	DATE CONDUCTED	NAME OF EMPLOYEE	ADOPTED MECHANISM (✓)				REMARKS/DETAILS				
					Meeting (one on one)	Group	Memo	Others (Specify)	Meeting (one on one)	Group	Memo	Others (Specify)	
Monitoring													
Coaching													
Submitted by:			Date Signed	Noted by:				Date Signed					
_____				_____									
Cost Center Head				Department/Sr. Department Manager									