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## Sales Personnel Performance Improvement Planner

<b>Company's Name</b>	
<b>Company's Address</b>	
<b>Sales Personnel's Name</b>	
<b>Sales Personnel's Designation</b>	
<b>Sales Personnel's Department</b>	
<b>Referred By</b>	
<b>Designation</b>	
<b>Date of Referral</b>	

<b>Particulars</b>	<b>Details</b>
<b>For Referring Department</b>	
Concern Area Of Improvement	
Narrate Concern Area If Required	
Narrate Disciplinary Issues along with its/their occurrence date	
Narrate Improvement(s) Sought By The Authority Referring	
<b>Immediate Superior's Sign</b>	<b>Department Head's Sign</b>

<b>For H.R. / Training Department</b>	
Accept / Reject Training Proposal	
If Rejected Then Reason Of Rejection	
Training Program To Be Sent For	
No. of Days / Hours	
Training Starts From (Date & Time)	
Training Ends On (Date & Time)	
Trainer's Name	
Sanctioned By	
Designation Of Sanctioner	
<b>H.R. Dept. Sign</b>	<b>Training Dept. Sign.</b>

**Post Training Feedback**

Feedback From Trainer

**Trainer's Sign.**

Feedback From Immediate Superior

**Immediate Superior's Sign**

Feedback From Department Head

**Department Head's Sign**