

Department: _____ | Quarter: _____ | Auditor: _____
Date: 2024-05-22

Key Performance Indicators (KPI) Progress				
Metric Description	Baseline	Target	Actual	Variance

Cycle Time (Hours)

Resource Utilization %

STRATEGIC NOTES

Enter qualitative observations or resource requirements here...

Signature: _____

Approval Date: ____ / ____ / 20__