

## Attachment B INVEST Program



## **Transitional Subsidized Employment (TSE)**

## Bi-Weekly TSE Participant Progress Report & Workplace Performance Evaluation

## **Quantity of Work Performed Amount of Work Performed** □ Outstanding ☐ Competent ☐ Needs Improvement Comments: **Completion of Work on Schedule** □ Outstanding ☐ Competent ☐ Needs Improvement Comments: Quality of Work Performed ☐ Outstanding Accuracy □ Competent □ Needs Improvement Comments:

| Neatness of Work Product | ☐ Outstanding       |
|--------------------------|---------------------|
|                          | ☐ Competent         |
|                          | □ Needs Improvement |
| Comments:                |                     |
|                          |                     |
|                          |                     |
|                          |                     |
| Thoroughness             | ☐ Outstanding       |
|                          | □ Competent         |
| Comments:                | ☐ Needs Improvement |
| Comments:                |                     |
|                          |                     |
|                          |                     |
|                          |                     |
|                          |                     |
| Work Habits              |                     |
|                          |                     |
|                          |                     |
| Observance of Work Hours | ☐ Outstanding       |
|                          | ☐ Competent         |
|                          | ☐ Needs Improvement |
| Comments:                |                     |
|                          |                     |
|                          |                     |
|                          |                     |
| Attendance               | ☐ Outstanding       |
|                          | □ Competent         |
| 0                        | ☐ Needs Improvement |
| Comments:                |                     |
|                          |                     |
|                          |                     |
| 27                       |                     |
|                          |                     |
|                          |                     |

| For the wee        | 2K               |              | of 15E participant arrived to work on-time: |           |            |     |
|--------------------|------------------|--------------|---|-----------|------------|-----|
| Sun                | Mon              | Tues         | Wed   | Thurs     | Fri        | Sat |
|                    |                  |              |   |           |            |     |
| Observance         | of Rules an      | d Regulation | ıs  | ☐ Outstar | nding      |     |
|                    |                  |              |   |           | tent       |     |
|                    |                  |              |   | ☐ Needs   | Improvemen | t   |
| Comments:          |                  |              |   |           |            |     |
|                    |                  |              |   |           |            |     |
| Observance         | of Safety R      | ules         |   | ☐ Outstan | dina       |     |
|                    | •                |              |   | □ Compe   | _          |     |
|                    |                  |              |   | •         | lmprovemen | t   |
| Comments:          |                  |              |   |           | •          |     |
|                    |                  |              |   |           |            |     |
| Personal Relations |                  |              |   |           |            |     |
| Respect for        | Fellow Staff     |              |   | □ Outstar | ndina      |     |
|                    |                  |              |   | □ Compe   |            |     |
|                    |                  |              |   | •         | Improvemen | t   |
| Comments:          |                  |              |   |           |            |     |
|                    | all and a second |              |   |           |            |     |
| <b>Customer S</b>  | ervice to Pul    | olic         |   | ☐ Outstan | nding      |     |
|                    |                  |              |   | ☐ Compe   |            |     |
|                    |                  |              |   | ☐ Needs I | Improvemen | t   |
| Comments:          | 7                |              |   |           |            |     |

| Personal Appearance/Dress Code Adhere Comments: | ence ☐ Outstanding ☐ Competent ☐ Needs Improvement |
|---|--|
|   |  |
| Other Ob  | bservations  |
| Comments:                                       |  |
|   |  |
|   |  |
|   |  |
| INVEST Employee Name                            |  |
|   |  |
| INVEST Employee Signature                       | Date   |
|   |  |
| Worksite Supervisor Name                        |  |
| :   |  |
| Worksite Supervisor Signature                   | Date 4   |