TEAM TRAINING MATRIX

Name:	Oper. Std. Sheet No.															REMARKS	
Dept:	Process or Operation Name													CAPABILITIES		Personnel Needs (Reassignment)	
Date:																Performance Needs (Work Manner)	
IDEAL NUMBER TRAINED																	
		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕				
		⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕				
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RESULT OF TRAINING	Beginning of Year											
	Middle of Year											
	End of Year											
Remarks	Job Needs (Production Change)											

⊕ = 100% + Teaching Skill

⊕ = 100% Performance

⊕ = 50%

⊕ = In Training