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|  | **Digital Fulfillment Unit**  **Triad Coaching Form** |

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| **NAME:** |  | **DATE:** |  |
| **DESIGNATION:** |  | **OPERATIONS MANAGER:** |  |
| **STATUS:** |  | **SR. OPERATIONS MANAGER:** |  |

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| TRIAD COACHING SESSION |

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| --- | --- | --- | --- |
| **SHIFT DATE:** |  | **FACILITATOR:** |  |
| **TIME:** |  | **PARTICIPANTS:** |  |
| **LOCATION:** |  |  |  |

|  |  |
| --- | --- |
| **STRENGHT:** | **AREAS OF IMPROVEMENT:** |
|  |  |

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| **ACTION PLAN:** |

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| **COMMITMENT:** |

Conforme: Prepared By: Noted By:

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**SUPERVISOR OPERATIONS MANAGER SENIOR OM OPERATIONS HEAD**

Signature / Date Signature / Date Signature / Date Signature / Date