



Six Sigma DMAIC Improvement Story

Green Belt Project Objective:
Improve the Timeliness of the Disciplinary
Process

Last Updated: 7-10-13

Team: *The Enforcers*



Aneisha Daniel (Team Leader)

Claudia Henfield

Charlie Queen

Trinese Lamb Gray

Michelle Sifontes

Mayra Morales (Team Leader)

Charles Lovely

Karen Toledo

Kathleen Woods-Richardson (Sponsor)

Chris Rose (Sponsor)



Six Sigma Problem Solving Process

The team utilized the 5-Step DMAIC problem solving process.

DMAIC Performance Improvement Process

Process Step		Description of Team Activities
Number	Name	
1	DEFINE	<ul style="list-style-type: none"> • Select Problem • Identify Project Charter • Develop Project Timeline • Establish Method to Monitor Team Progress • Construct Process Flowchart • Develop Data Collection Plan • Display Indicator Performance “Gap”
2	MEASURE	<ul style="list-style-type: none"> • Stratify Problem (i.e. “Gap”) • Identify Problem Statement
3	ANALYZE	<ul style="list-style-type: none"> • Identify Potential Root Cause(s) • Verify Root Cause(s)
4	IMPROVE	<ul style="list-style-type: none"> • Identify and Select Improvement(s) • Identify Barriers and Aids • Develop and Implement Improvement Plan • Confirm Improvement Results
5	CONTROL	<ul style="list-style-type: none"> • Standardize Improvements within Operations • Implement Process Control System (PCS) • Document Lessons Learned • Identify Future Plans



Identify Project Charter

The team (chartered by management) completed their Project Charter.

Project Charter		
Business Case	Project Name:	Improve the timeliness of the disciplinary process
	Problem/Impact:	Disciplinary Actions take too long to process. This results in delayed corrective action and reduces operational efficiency. Also, lowers employee morale and strains the relationship with the union.
	Expected Benefits:	Improvement will result in reduced processing time. By reducing processing time, employee behavior will improve and the corrective measures will be taken immediately after the offense. Also, it could potentially reduce the number of disciplinary actions, improve employee morale and improve the Department relationship with the union in this area.
Objectives	Outcome Indicator(s)	Q1- Percentage of disciplinary actions completed in 60 days
	Proposed Target(s)	Target= 90% of disciplinary actions processed in 60 days
	Time Frame:	March 2013 through July 2013
	Strategic Alignment:	Supports the County's Business Plan
Scope	In Scope:	PWWM Disciplinary Action Process
	Out-of-Scope:	Miami-Dade County Disciplinary Process
	Authorized by:	Kathleen Woods-Richardson
Team	Sponsor:	Kathleen Woods-Richardson; Chris Rose
	Team Leader:	Aneisha Daniel; Mayra Morales
	Team Members:	Claudia Henfield; Trinese Lamb Gray; Charles Lovely; Charlie Queen; Michelle Sifontes; Karen Toledo
	Process Owner(s):	Aneisha Daniel
	Mgmt Review Team:	Ray Scher; Chris Rose; Kathleen Woods-Richardson
Schedule	Completion Date:	31-Jul-13
	Review Dates:	Monthly and Final Review in July 2013
	Key Milestone Dates:	See Action Plan

2. ✓

1. ✓



Develop Project Timeline Plan

The team developed a timeline plan to complete the Project.

4.

Legend:	
	= Actual
	= Proposed

WHAT: Complete DMAIC Story Project by July 31, 2013						
DMAIC Story Process Step	WHEN					
	2013					
	Mar	Apr	May	Jun	Jul	Aug
1. Define	 					
			Completed 4/12/13			
2. Measure		 				
			Completed 4/20/13			
3. Analyze			 			
				Completed 5/31/13		
4. Improve				 		
					6/30/13	
5. Control						
						7/31/13



Monitor Team Progress

The Team and Management used a Checklist to monitor team progress.

DMAIC Story Checkpoints		
PLAN	Step 1 Define	Objective: Demonstrate the importance of improvement needs in measurable terms.
		1. The stakeholders' need(s) were identified. ✓
		2. The problem can be described as an "object" with a "defect" with unknown cause(s) that need to be identified. ✓
		3. A line graph outcome indicator was constructed that appropriately measures the problem (or gap). ✓
	Step 2 Measure	Objective: Investigate the features of the indicator, stratify the problem and set a target for improvement.
		4. A schedule for completing the five DMAIC Story steps was developed. ✓
		5. Data contained or directly linked to the indicator were stratified from various viewpoints (i.e., what, where, when and who) and a significant dataset was chosen. ✓
		6. A target for improvement was established based on the stakeholders' need. ✓
	Step 3 Analyze	Objective: Analyze the stratified data to identify and verify the root causes.
		7. The impact of the target on the indicator was determined. ✓
		8. A problem statement that describes the "remaining dataset" was developed. ✓
		9. Cause and effect analysis was taken to the root level. ✓
DO	Step 4 Improve	Objective: Develop and implement countermeasures to eliminate the verified root causes of the problem.
		10. Potential causes most likely to have the greatest impact on the problem were selected. ✓
		11. A relationship between the root causes and the problem was verified with data. ✓
		12. The impact of each root cause on the gap was determined. ✓
	Step 5 Control	Objective: Confirm that the countermeasures taken impacted the root causes and the problem; and that the target has been met.
		13. Countermeasures were selected to address verified root causes. ✓
		14. The method for selecting the appropriate countermeasures was clear and considered effectiveness and feasibility. ✓
		15. Barriers and aids were determined for countermeasures worth implementing. ✓
CHECK	Step 5 Control	Objective: Prevent the problem and its root causes from recurring. Maintain and share the gains.
		16. The action plan reflected accountability and schedule. ✓
		17. The effect of countermeasures on the root causes was demonstrated. ✓
		18. The effect of countermeasures on the problem (or indicator) was demonstrated. ✓
ACT	Step 5 Control	Objective: Evaluate the team's effectiveness and plan future activities.
		19. The improvement target was achieved and causes of significant variation were addressed. ✓
		20. The effect of countermeasures on the indicator representing the stakeholders' need was demonstrated. ✓
		21. A method was established to document, permanently change, and communicate the revised process or standard. ✓
		22. Responsibility was assigned and periodic checks scheduled to ensure compliance with the revised process or standard. ✓
ACT	Step 5 Control	Objective: Evaluate the team's effectiveness and plan future activities.
		23. Specific areas for replication were identified. ✓
		24. Any remaining problems (or gaps) were addressed. ✓
ACT	Step 5 Control	Objective: Evaluate the team's effectiveness and plan future activities.
		25. Lessons learned, P-D-C-A of the Story process, & team growth were assessed & documented. ✓



Hidden Costs of Late Disciplines

The team collected info on costs of late payments.

Cost per Discipline

1. Phase 1

a. Discipline Preparation.....\$706

2. Phase 2

a. Route to Chain of Command for Level of Discipline.....\$204

3. Phase 3

a. Route of Approval of Final Action Letter.....\$640

Total Cost per Discipline = \$1,550

Total Cost for the 1,023 Disciplines Analyzed from FY2010-12 = \$1,585,650

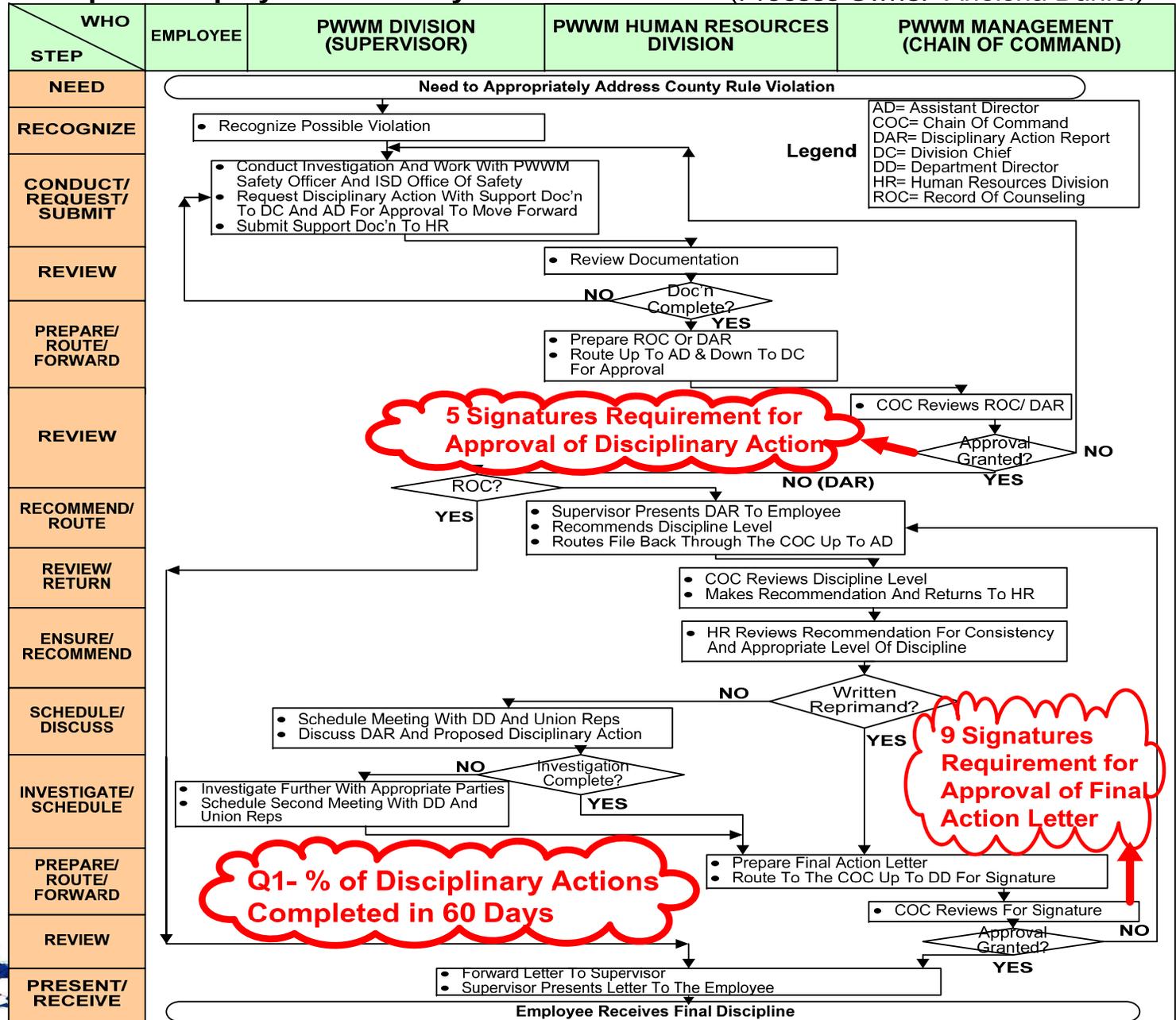


Review Process Flow Chart

The team constructed a flowchart for the OR Process.

The team developed Outcome Indicators from SIPOC and Customer Rqmts analysis (see Appendix)

Discipline Employee for County Rule Violation (Process Owner: Aneisha Daniel)



Identify Data Collection Needs

The team developed a data collection spreadsheet to collect indicator and demographic data...

PWWM Disciplinary Actions Process Status Summary

BCB DEMOGRAPHICS										
CONTRACT INFORMATION							CLIENT ORGANIZATION INFO			
B	C	D	E	F	G	H	I	J		
Line #	Employee ID	Employee Name	DDL	Div	Job Title	Admin Action Type	Status	Violation Description	Violation Desc	Recommended Discipline
			Avg		%Goods	%Rjtd				
					0.0	0.0				
111			36032027	32	WASTE TRUCK DRIVER	DAR	COMPLETED	INCOMPETENT/INEFFICIENT	INCOMPETENT/INEFFICIENT	WRITTEN REPRIMAND
139			36033047	33	WASTE ATTENDANT 1	DAR	COMPLETED	ABSENT WITHOUT LEAVE	ATTENDANCE	SUSPENSION
83			36033048	33	WASTE ATTENDANT 1	DAR	COMPLETED	CONDUCT UNBECOMING	CONDUCT UNBECOMING	SUSPENSION
141			36033048	33	WASTE ATTENDANT 1	DAR	COMPLETED	HABITUALLY TARDY	ATTENDANCE	SUSPENSION



Identify Data Collection Needs (cont.)

The team developed a data collection spreadsheet to collect indicator and demographic data...

PWWM Disciplinary Actions Process Status Summary

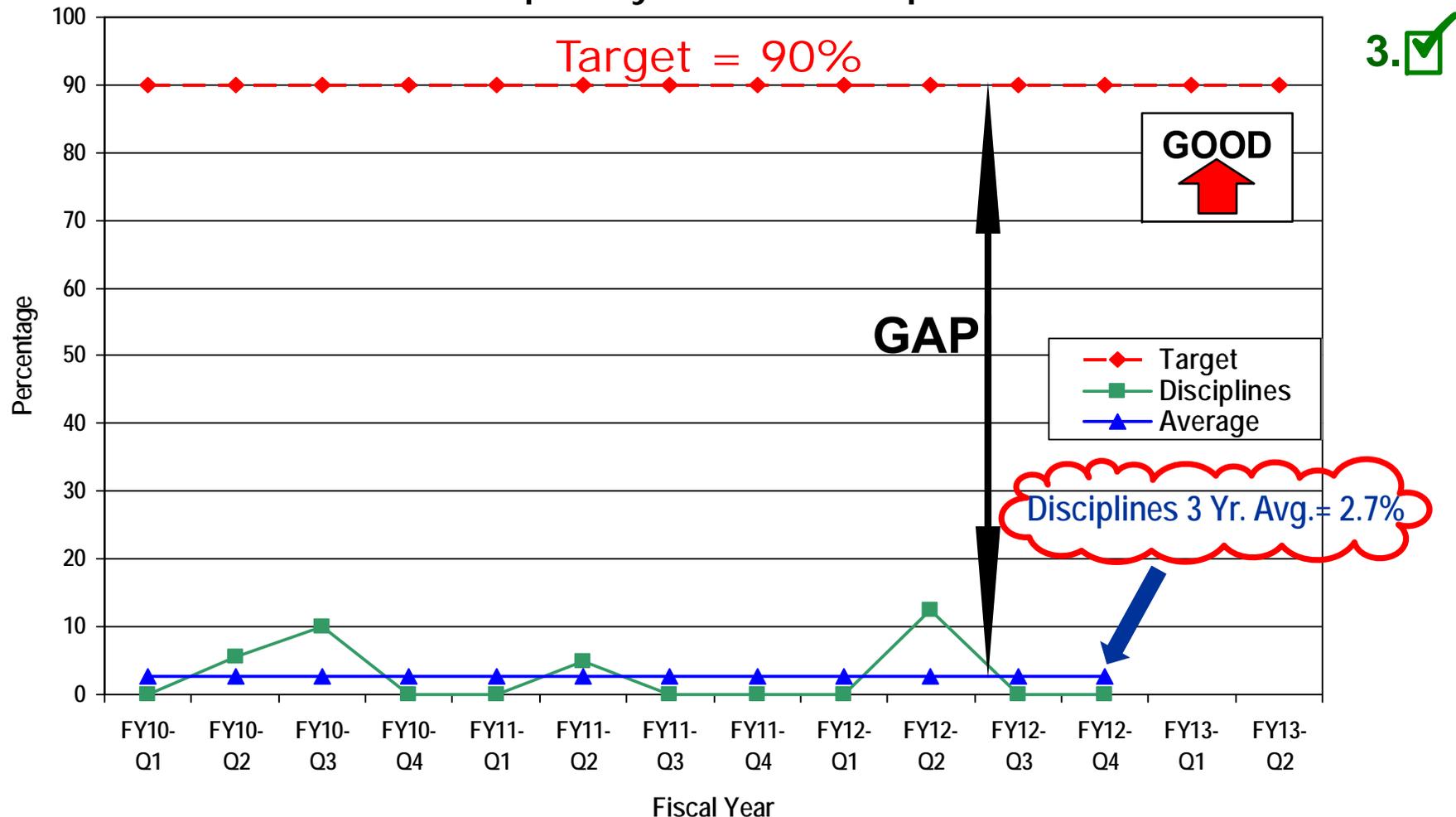
MILESTONE DATES																			OUTCOMES		BB
N	O	P	Q	S	T	U	V	W	X	Y	Z	AA	AB	AC= S-N	AD= U-S	AG= W-U	AH= AA-W	AI= AA-N	AO= AI-60	AP='Y' if AI<=60	
1- Incident Occurred				2- DAR Final Action Letter		3- Final Action Presented to Employee		5- Final Action Received By HR		6 Final Action Present ation		7- Final Action Presentation Received by HR		Incident Occurred TO	DAR Final Letter fr HR TO	FA Routed by HR TO	FA Rcd by HR TO	Incident Occurred TO	DAR TO	# of Days Final Action Presen- tation Rec'd	Final Action Presen- tation Rec'd On- Time?
Date	Day	Date	Day	Date	Day	Date	Day	Date	Day	Date	Day	Date	Day	DAR Final by HR	Employ ee	Rec'd by HR	Pres. by HR	Pres. by HR	Rec'd	Time?	Notes
	%Mo		%Mo		%Mo		%Mo		%Mo		%Mo		%Mo	Avg # of Days					%Y		
	19.2		0.0		12.3		14.4				0.0		190.6	11.6			202.2	142.2	2.7		
													P1	P2	P5	P6	Q3	Q2	Q1		
1/15/10	Fr			4/28/10	We	5/20/10	Th							103	22			125	65	N	
1/19/10	Tu			11/12/10	Fr	11/12/10	Fr							297	0			297	237	N	
1/26/10	Tu			2/19/10	Fr	2/19/10	Fr							24	0			24	-36	Y	
1/29/10	Fr			3/2/11	We	3/7/11	Mo							397	5			402	342	N	
2/8/10	Mo			1/5/11	We	3/1/11	Tu							331	55			386	326	N	



Review Selected Indicator

The team collected indicator data and reviewed performance trends:

Q1 - % of Disciplinary Actions Completed on-Time

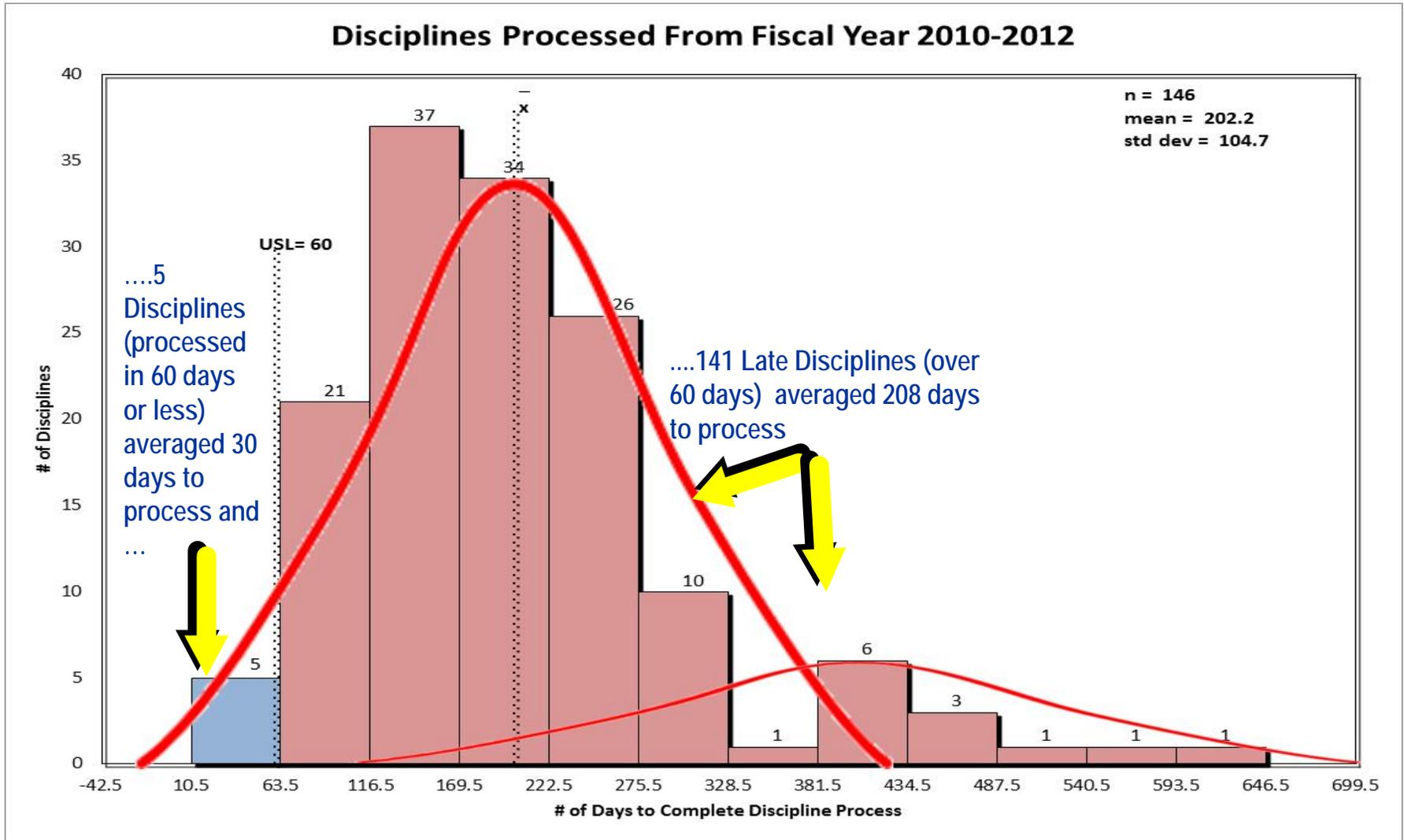


The team looked closer at the Disciplines that averaged only 2.7% on-time in the last three years.



Stratify the Problem

The team stratified Fiscal Year 2010-12 Disciplines using a histogram and found...

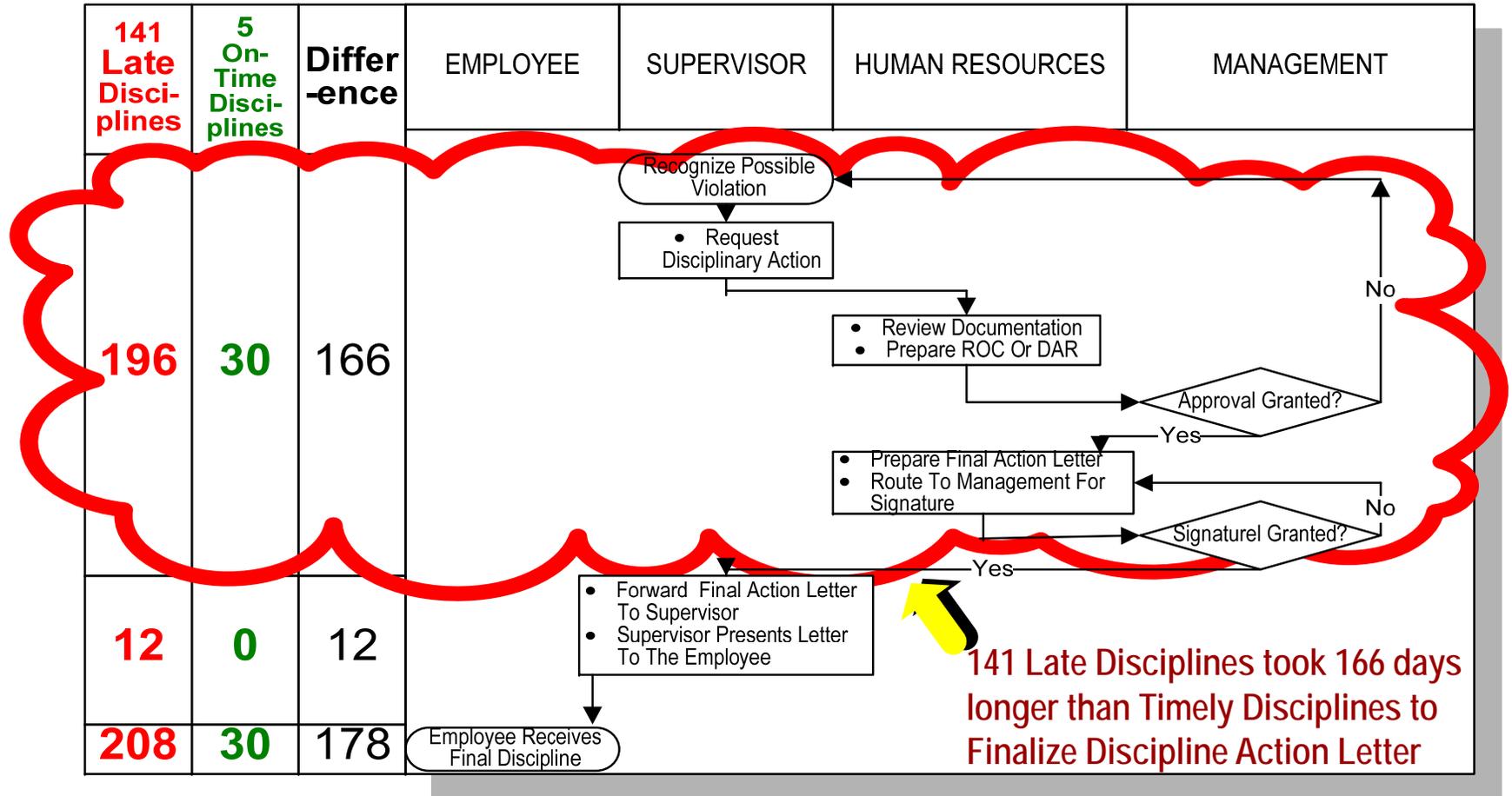


The team looked closer at comparing the **Late** to the **Timely** Disciplines.



Stratify the Problem

The team compared the **LATE Disciplines** to the **TIMELY Disciplines** and found...

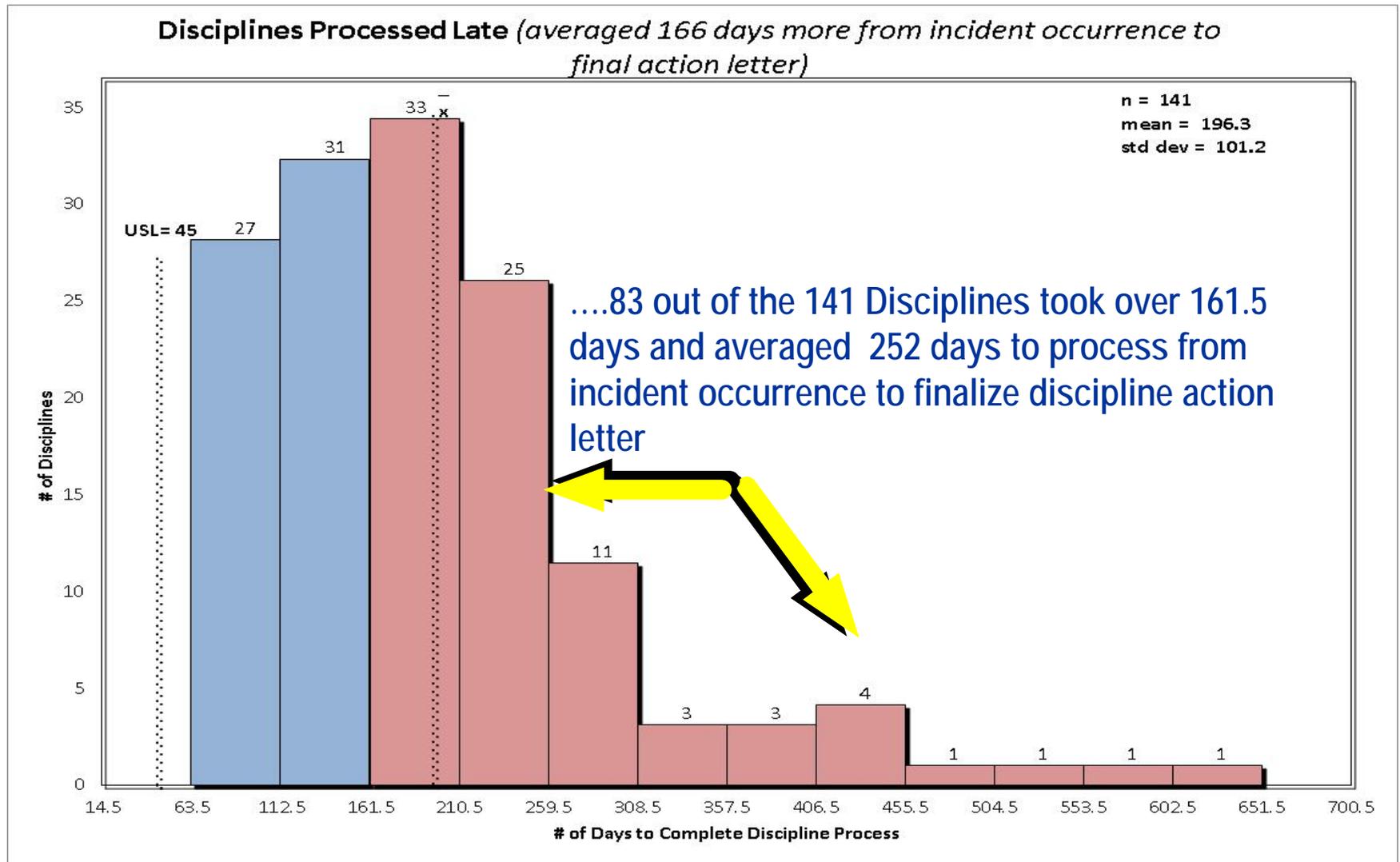


The team looked more closely at the 141 LATE Disciplines in step 1: Initial Incident to Final Action Letter.



Stratify the Problem

The team stratified the 141 Disciplines processed over 45 days and found...

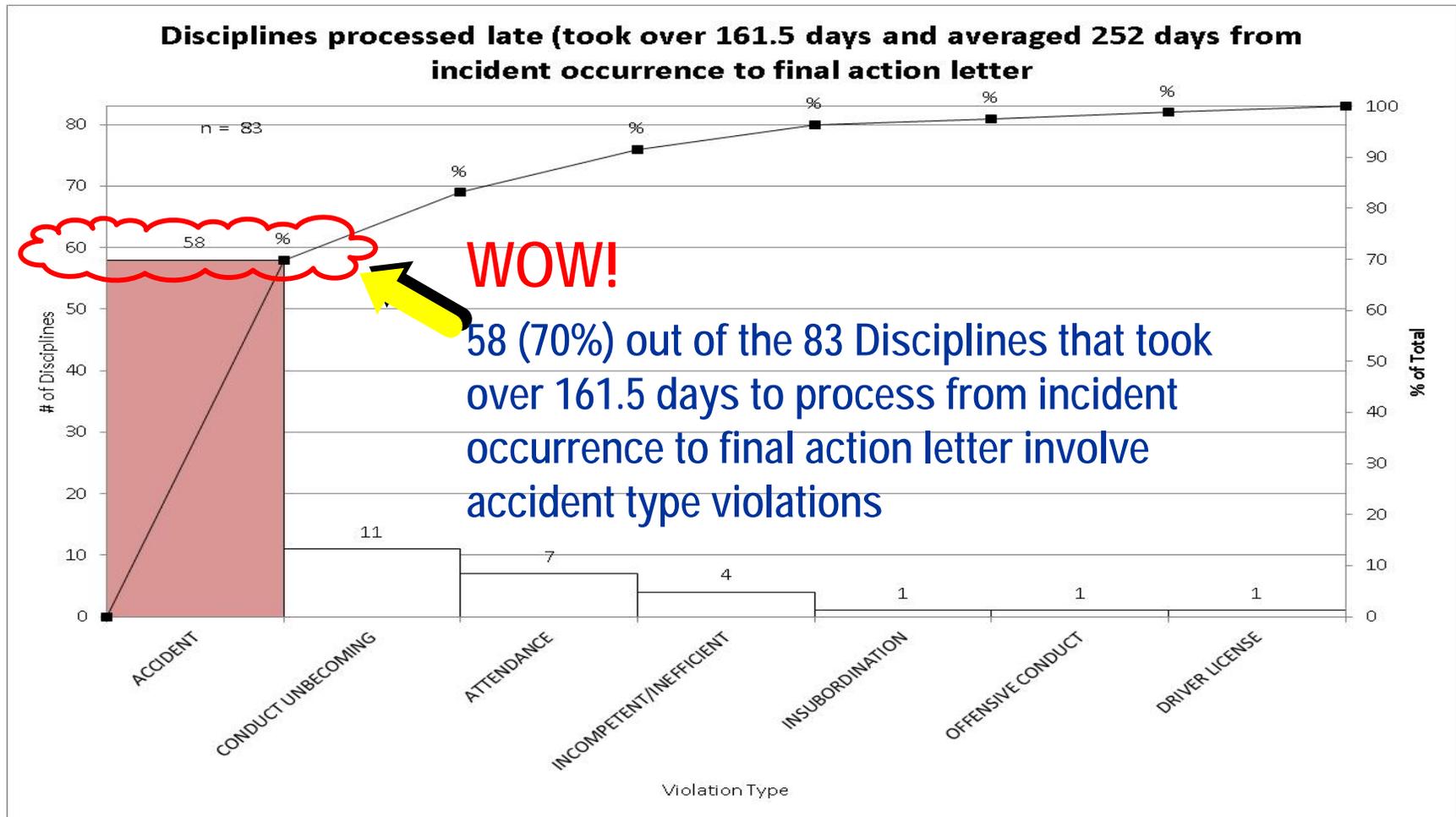


The team looked closer at these 141 Disciplines.



Stratify the Problem

The team stratified the 83 Disciplines processed over 161.5 days and found...



Problem Statement: *"58 Disciplines related to accidents were finalized after 161.5 days and averaged 252 days (each over 196 days) from incident occurrence to final action letter from Fiscal Year 2010- 2012"*



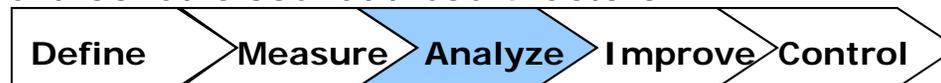
Identify Potential Root Causes

The team sampled 15 of the 58 Violation Type Disciplines that took over 161.5 days and reviewed documentation and interviewed involved staff before conducting Single Case Bore Analysis.

Problem Statement: *"58 disciplines related to Accidents took over 161.5 days (averaged 252 days) to process from incident occurrence to final action from Fiscal Year 2010-2012"*

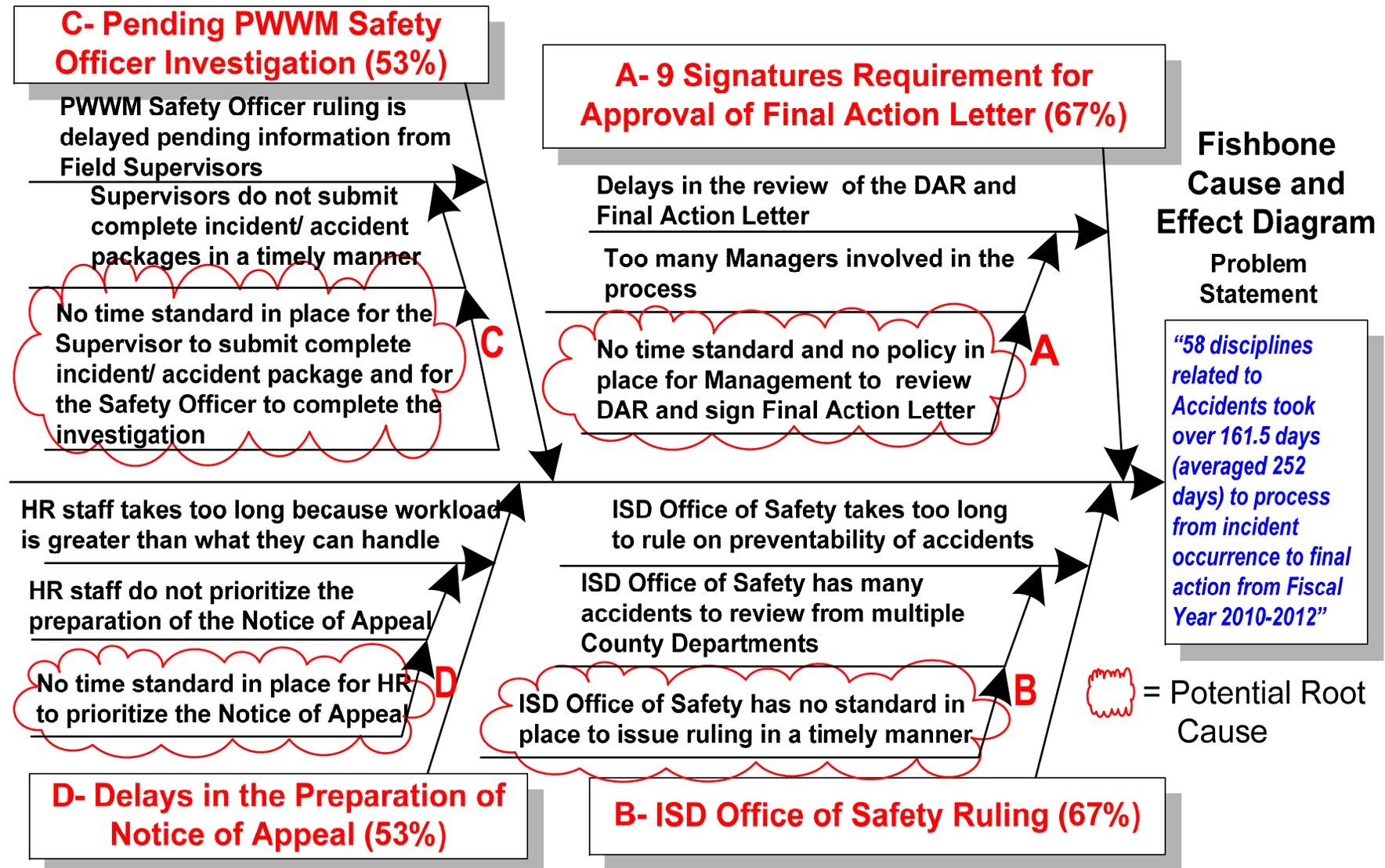
Reasons or Factors <i>(That possibly contributed to delays in finalizing disciplinary actions related to accidents)</i>	Sampled 15 of the 58 (25%) Late Disciplines														Total	Percentage	
	1501 -3/30/10	197535 -11/15/10	158581- 2/12/10	17150 -3/18/10 and 7/1	14377- 8/17/10	7966 -2/17/11	31801- 2/1/11	1160-3/23/11	50249- 1/28/11	24476-3/7/11	183845- 10/28/10	25707-8/31/10	26548- 10/26/10 and 1	7338- 6/24/11 and 8/2			16061- 7/6/11
1) Pending PWWM Safety Officer/ Field Investigation	x		x			x	x		x	x				x	x	8	53%
2) Pending ISD Office of Safety Ruling	x	x	x	x	x		x				x	x	x	x		10	67%
3) 9 Signatures Requirement for Approval of Final Action Letter	x		x	x	x	x	x			x	x			x	x	10	67%
4) Delays in Preparation of Notice of Appeal						x			x	x	x	x	x	x	x	8	53%
5) Delays in Preparation of Discipline Action Package	x	x	x				x			x				x	x	7	47%
6) 5 Signatures Requirement for Discipline Level	x				x				x			x	x	x		6	40%
7) Management Inconsistencies With Discipline Level											x					1	7%
8) Appeal Process			x						x							2	13%
9) Delays in Presentation of DAR	x			x	x		x			x	x					6	40%
10) Compounding Disciplinary Actions				x									x	x		3	20%
11) Delay in Preparation of Final Action Letter				x	x	x			x	x						5	33%
12) Accident Review Committee					x											1	7%
13) Delays Due To File Loss						x										1	7%
14) Delay in forwarding Final Action Letter to Field						x										1	7%
15) Employee Out								x					x			2	13%

The team next looked closer at these 4 factors.

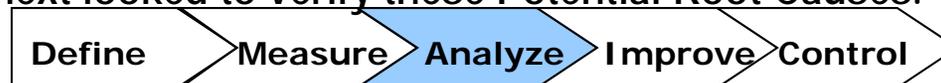


Identify Potential Root Causes

The team completed Cause and Effect Analysis and found...



The team next looked to verify these Potential Root Causes.

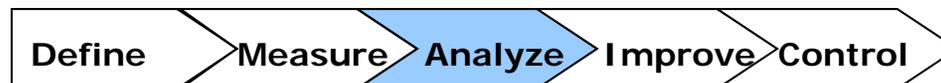


Verify Root Causes

The team collected data to verify the root causes and found.... 11.,12.

Root Cause Verification Matrix		
Potential Root Cause	How Verified?	Root Cause or Symptom
A No time standard and no policy in place for Management to review DAR and sign Final Action Letter	Reviewed employee files and discussed with PWWM Management and HR Staff and determined that there is no time standard and/or policy in place	Root Cause
B ISD Office of Safety has no standard in place to issue ruling in a timely manner	Reviewed employee files and discussed with PWWM HR Staff and determined that there is no time standard in place	Root Cause
C No time standard in place for the Supervisor to submit complete incident/accident package and for the Safety Officer to complete the investigation	Reviewed employee files and discussed with PWWM HR Staff and determined that there is no time standard in place	Root Cause
D No time standard in place for HR to prioritize the Notice of Appeal	Reviewed employee files and discussed with PWWM HR Staff and determined that there is no time standard in place	Root Cause

...all were validated as root causes.



Identify and Select Countermeasures

13.,14. 

The team brainstormed many countermeasures and narrowed them down to these for evaluation:

Countermeasures Matrix				Legend:			
Problem Statement	Verified Root Causes	Countermeasures	Ratings				
			Effectiveness	Feasibility	Overall	Take Action? Yes/No	
<p>“58 disciplines related to Accidents took over 161.5 days (averaged 252 days) to process from incident occurrence to final action from Fiscal Year 2010-2012”</p>	<p>A - No time standard and no policy in place for Management to review DAR and sign Final Action Letter</p>	<p>A1- Delegate authority for disciplinary actions to appropriate levels of the organization as follows: A1.1- Written reprimands to Division Chiefs A1.2- Suspensions up to to 10 days to Assistant Directors and above 10 days to PWWM Director A1.3- Dismissals and Demotions will be authorized only by the PWWM Director</p>	5	3	15	Y	
		<p>A2- Establish the following time standards within the DAR process: A2.1- 30 days from date of incident to development of DAR A2.2- 5 days from development of DAR to presentation of DAR to employee A2.3- 14 days from employee's receipt of DAR to final action letter</p>	4	4	16	Y	
	<p>B - ISD Office of Safety has no standard in place to issue ruling in a timely manner</p>	<p>B1- Have ISD make exclusive, official determinations regarding preventability of accidents, and return those determinations to PWWM within 14 days of receipt of information packages from PWWM</p>	5	3	15	Y	

The team selected 7 countermeasures for implementation.



Identify and Select Countermeasures

13.,14. 

The team brainstormed many countermeasures and narrowed them down to these for evaluation:

Countermeasures Matrix				Legend:			
Problem Statement	Verified Root Causes	Countermeasures	Ratings				
			Effectiveness	Feasibility	Overall	Take Action? Yes/No	
			5=Extremely 4=Very 3=Moderately 2=Somewhat 1=Little or None				
<p>“58 disciplines related to Accidents took over 161.5 days (averaged 252 days) to process from incident occurrence to final action from Fiscal Year 2010-2012”</p>	<p>C - No time standard in place for the Supervisor to submit complete incident/ accident package and for the Safety Officer to complete the investigation</p>	<p>C1- Have Supervisors submit complete incident/accident packages to the Safety Officer within 5 days of the incident/accident, and have the Safety Officer submit complete incident/accident packages to ISD within 2 days thereafter</p>	5	4	20	Y	
		<p>C2- Provide additional training to Supervisors on incident/accident investigations as well as the overall discipline process</p>	5	5	25	Y	
	<p>D - No time standard in place for HR to prioritize the Notice of Appeal</p>	<p>D1- Reallocate resources within PWWM to provide a position in HR to assist with the DAR process and to handle Notices of Appeals regarding preventability of accidents</p>	5	4	20	Y	
		<p>D2- Establish a 2 day deadline for PWWM HR to process Notices of Appeals regarding preventability of accidents</p>	5	5	25	Y	

The team selected 7 countermeasures for implementation.



Identify Barriers and Aids

The team performed Barriers and Aids analysis on the selected Countermeasures.

Countermeasure(s): Implement 7 Countermeasures to improve timeliness of the Disciplinary Process		
Barriers		Aids
Impact (H, M, L)	Forces against Implementation	Forces For Implementation
H	1) Lack of support from some PWWM Staff <i>(Supported by Aid:A,B,C,D)</i>	A) Common practice Countywide
M	2) Lack of support for establishing time standards <i>(Supported by Aid:A,C)</i>	B) Administrative Order 7-16 (Administration and Delegation of Authority to Discipline) already ratifies Delegation of Authority
H	3) Resistance from Supervisors <i>(Supported by Aid:A,B,C,D)</i>	C) Union supports a faster disciplinary action process
H	4) Limited resources to deliver training <i>(Supported by Aid:D)</i>	D) ISD can assist with training and training materials

The team next sought to incorporate this analysis into the team's Action Plan.



Develop and Implement Action Plan

Legend:
 = Actual
 = Proposed

The team implemented an Action Plan for the team's Countermeasures.

16. 

WHAT: Implement 7 Countermeasures to improve the timeliness of the Disciplinary Process

HOW	WHO	WHEN																		
		2013					2014													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr									
1. Develop Countermeasures:																				
A1- Delegate authority for disciplinary actions to appropriate levels of the organization	Aneisha				9/20/13															
A2- Establish time standards within the DAR process	Aneisha				9/20/13															
B1- Have ISD make exclusive, official determinations regarding preventability of accidents, and return those determinations to PWWM within 14 days of receipt of packages	Michelle							10/25/13												
C1- Have Supervisors submit complete incident/accident packages to the Safety Officer within 5 days of the incident/accident, and have the Safety Officer submit complete incident/accident packages to ISD within 2 days thereafter	Michelle							10/25/13												
C2- Provide additional training to Supervisors on incident/accident investigations as well as the overall discipline process	Michelle/Trinese											12/31/13								
D1- Reallocate resources within PWWM to provide a position in HR to assist with the DAR process and to handle Notices of Appeals regarding preventability of accidents	Aneisha				9/30/13															
D2- Establish a 2 day deadline for PWWM HR to process Notices of Appeals regarding preventability of accidents	Michelle							10/25/13												
2. Secure Management Approval of Countermeasures (share benefits and cost savings)	Team				9/30/13															
3. Communicate/Train PWWM Staff in Countermeasures and related policies/procedures (share benefits and cost savings)	Aneisha/Michelle												1/24/14							
4. Implement Pilot for Countermeasures	Team												1/24/14							
5. Review Pilot and determine Benefits and adjust as necessary and present results to management	Team																		3/28/13	
6. Establish On-going responsibilities and standardize countermeasures into operations	Team																			On-going

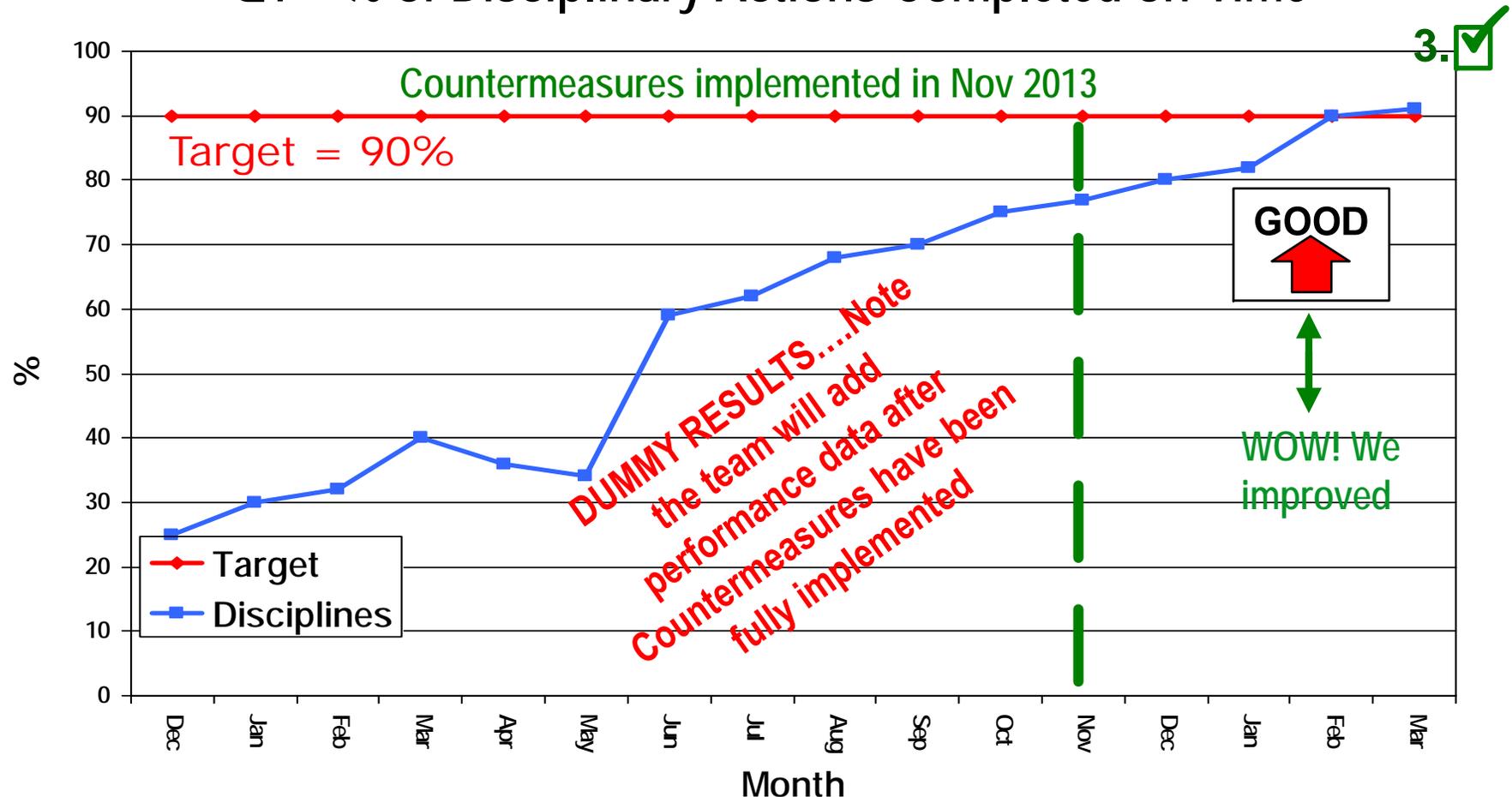


Review Results

17.,18.,19.,20. 

The team collected indicator data and reviewed results of it's countermeasures

Q1 - % of Disciplinary Actions Completed on-Time



The team was encouraged by the results and will continue to monitor the countermeasures.

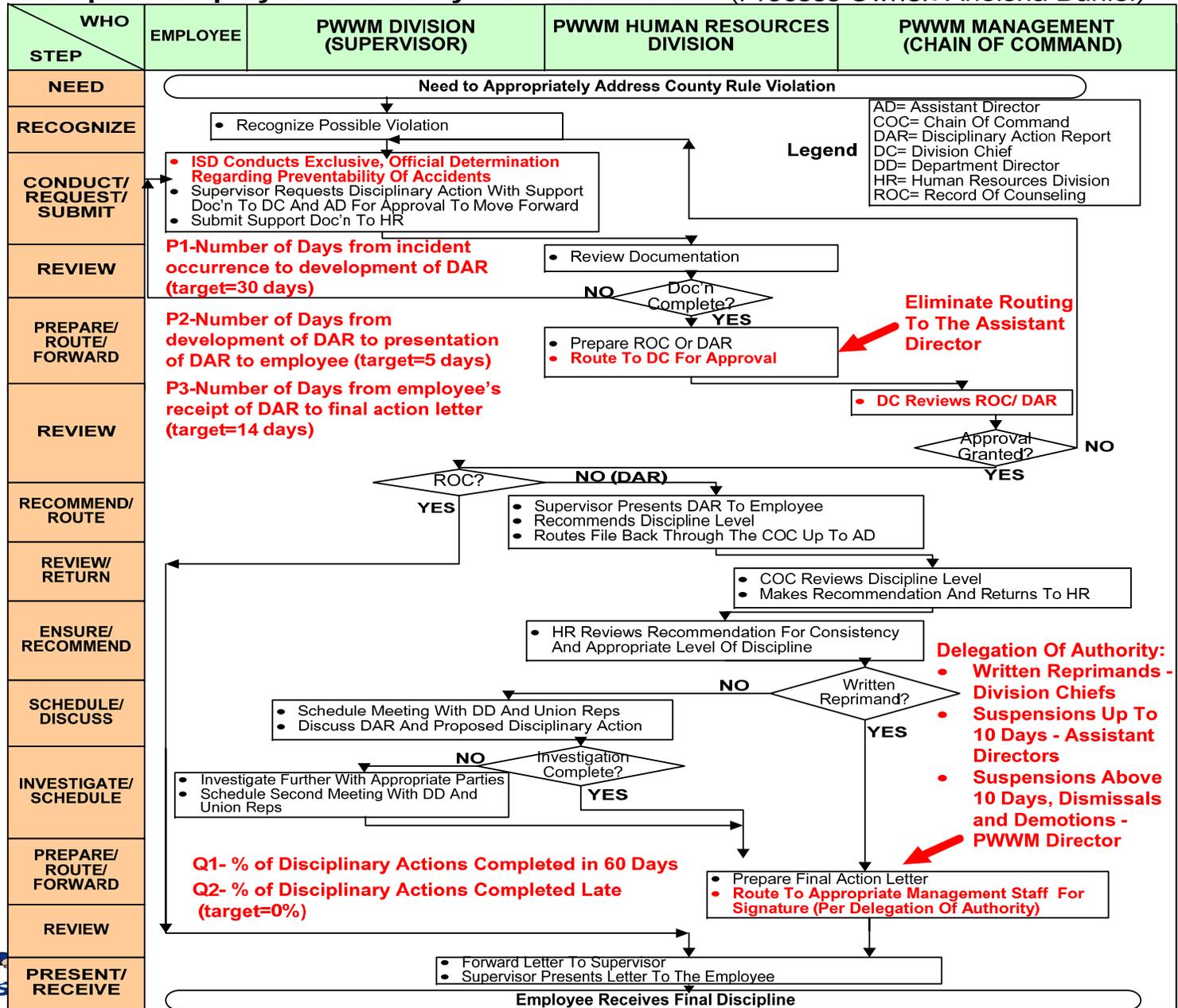


Standardize Countermeasures

21.,22.,23. ✓

The team revised indicators and incorporated the improvements into the Process flowchart.

Discipline Employee for County Rule Violation (Process Owner: Aneisha Daniel)



The team looked to standardize the Indicator monitoring



Standardize Countermeasures

21.,22.,23. ✓

The team Developed a Process Control System (PCS) to monitor the process on-going.

Process Control System						
Process Name: PWWM Disciplinary Actions			Process Owner: Aneisha Daniel			
Process Customer: PWWM Employees			Critical Customer Requirements: Complete Disciplinary Actions Timely (within 60 days)			
Process Purpose: Discipline Employee for County Violation			Current Sigma Level: TBD			
			Outcome Indicators: Q1, Q2			
Process and Quality Indicators		Checking / Indicator Monitoring			Contingency Plans / Misc.	
Process Indicators	Control Limits	Data to Collect	Timeframe (Frequency)	Responsibility		
And					<ul style="list-style-type: none"> • Actions Required for Exceptions • Procedure References 	
Quality Indicators	Specs/ Targets	What is Checking Item or Indicator Calculation	When to Collect Data?	Who will Check?		
P1	# of days from incident occurrence to development of DAR (target=30 days)	30	# of days from incident occurrence to development of DAR	Monthly	PWWM-HR	• PWS
P2	# of days from development of DAR to presentation of DAR to employee (target=5 days)	5	# of days from development of DAR to presentation of DAR to employee	Monthly	PWWM-HR	• PWS
P3	# of days from employee's receipt of DAR to final action letter (target=14 days)	14	# of days from employee's receipt of DAR to final action letter	Monthly	PWWM-HR	• PWS
Q1	% of Disciplinary Actions Completed on-Time	90%	% of Disciplinary Actions Completed on-Time	Monthly	PWWM-HR	• PWS
Q2	% of Disciplinary Actions Completed Late	0%	% of Disciplinary Actions Completed Late	Monthly	PWWM-HR	• PWS

Approved: _____ Date: _____ Rev #: _____ Rev Date: _____



Identify Lessons Learned

24.,25. 

Lessons Learned

- 1) Data stratification was a critical component for the team to determine where the problem is.
- 2) Don't jump to conclusions when reviewing data. Careful examination proved more effective and helped the team follow the pertinent data that led to Identifying Root Cause(s)
- 3) Conducting two brainstorming sessions and applying Creative Thinking techniques helped the team identify more diverse recommendations and think "outside the box".

Next Steps

- 1) Continue to monitor countermeasures and performance results.



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Appendix –SIPOC Analysis (support for slide 7)

S.I.P.O.C. Analysis

Process: **PWWM Disciplinary Action for County Rule Violation**

Process Owner: **Human Resources Director**

Date Approved: _____

Suppliers	Inputs	Process	Outputs*	Customers
Employee FieldSupervisor	Violation County AO	1. Recognize Violation 2. Request Disciplinary Action 3. Submit Supporting Documentation to HR	Supporting Documentation	Human Resources PWWM County
FieldSupervisor	Supporting Documentation	4. Review Supporting Documentation 5. Prepare ROC or DAR 6. Route to Chain of Command for Approval	ROC or DAR	Human Resources Management
Field Supervisor Human Resources Management	ROC DAR	7. Present DAR to employee 8. Route to Chain of Command for Approval 9. Review Discipline Level	Disciplinary Action	Human Resources Management
Field Supervisor Human Resources Management	Disciplinary Action	10. Prepare Final Action Letter 11. Route to Chain of Command For Signature 12. Employee receives Final Discipline	Final Action Letter	Employee PWWM County

* Outputs used to Identify Outcomes

Note: See next Appendix Page for derived Indicators from SIPOC Outputs



Appendix- Customer Requirements Matrix (Support for Slide 7)

Customer Requirements Matrix				
Process: <i>PWMM Disciplinary Action for County Rule Violation</i>				
Survey Voice of Customer		Process Output(s)	Customer Valid Requirement	Outcome Indicator
Quality Element	Example Question			
Timeliness	When do customers need the process outputs?	Supporting Documentation	Complete Documentation to HR in 15 days	P1 - Number of days to submit completed documentation?
		ROC/ DAR	Prepare and Approve ROC/DAR within 15 Days	P2 - Number of days to prepare and approve a ROC or DAR?
		Disciplinary Action	Recommend Level of Discipline within 15 Days	P3 - Number of days to route, approve and recommend Level of Discipline?
		Final Action Letter	Disciplinary Action Determined in 60 days	Q1- Percentage of Disciplinary Actions Completed on Time?
		Final Action Letter	Disciplinary Action Determined in 60 days	Q2- Number of Days Disciplinary Actions Recorded Late?
		Final Action Letter	Disciplinary Action Determined in 60 days	Q3- Number of Days to Process Disciplinary Actions?

