



TWC Contractor Performance Report

TWC 1303

Instructions

Complete the TWC 1303 to report a contractor's positive/negative performance or technical assistance provided. Part 1. General Information is completed by the staff making the report, including the name of the contractor. Contract number is required. Contractor name is the legal or Doing Business As (DBA) name assigned to the contract. **Note: To prevent inadvertent disclosure of sensitive personally identifiable information (SPII), please download a copy of this form to your computer before making any changes. Once you have completed the form, ensure that all fields are clear.**

Part 1: General Information

Date Completed:

Staff making initial report

Staff Name:

Staff Title:

Staff Email:

Staff Phone:

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Staff Location: (region or address)

Contractor information:

Contractor's name (legal or DBA):

Contract number: (required)

Part 2. Description of the Event

Instructions: Select the appropriate checkbox for the reported event. If event is not listed, select Other and describe.

Description of performance:

Positive

Negative

Neutral

Type(s) of event: (check all that apply)

Adherence and compliance to the contract's scope of work, policy, or standards

Business relationships, management or personnel

Communication

Conflict of interest

Confidentiality

Cost controls

Customer compliant

Delivery of service or good

Documentation/reports

Fraud, Waste & Abuse
Invoices and billing
Organization and management issues
Overpayment
Personnel
Professionalism
Quality of work performed
Regulatory compliance
Client Safety
Consistent and timely performance, free of errors
Untimely or unresponsive performance with noted errors in
performance
References to standards, policy, and/or contract requirement(s)
Attach supporting documentation
Other, describe:

Describe the parties and/or individuals involved in the event:

(Contractor, TWC-Staff, TWC-VR customer identification number, others as applicable)

Describe the event including dates, location, circumstances, and observations. Include references to standards, policy, and/or contract requirements(s). Attach supporting documentation.

Previous TWC 1303 on file?

Yes

No

Are there multiple TWC 1303s for the same issue or event?

Yes

No

Was local management notified?

Yes

No

Note: If yes, include the manager's name, title and date of report.

Manager's Name:

Manager's Title:

Date of Report:

Part 3. Review: as required (e.g. Regional Office, Admin, EDE, Infrastructure, IT)

Instructions: Follow your department's process for documenting positive or negative performance issues for the contractor listed above. Some departments require multiple reviews. When an additional review is not required, select the NA box in the additional sections.

Date review:

Name:

Email:

Title:

Phone:

Review:

Describe documentation reviewed and actions taken to verify the event:

Comments, if any:

Action Plan: (check all that apply)

No further action needed

Contractor informed of the event

Training, education and/or technical assistance provided

Advanced for further review

If further review is required, please indicate reviewer name.

Provide a narrative description of any recommendation or the action plan:

Part 4. Management Review: as required (e.g., State Office, Admin, EDE, Infrastructure, IT)

No Management review completed

Date review:

Reviewer's Name:

Reviewer's Email:

Reviewer's Title:

Reviewer's Phone:

Review:

Describe documentation reviewed and other actions taken to verify the event:

Additional information obtained in the review:

Comments, if any:

Action Plan: (check all that apply)

No further action required

Contractor informed of the event

Training, education and/or technical assistance provided

Advanced for further review

Provide a narrative description of any recommendations or action plan:

Part 5. CAS Review: as required (e.g. VR Contracts, Admin, EDE, Infrastructure, IT)

No CAS review completed

Date review:

CAS Reviewer's Name:

CAS Reviewer's Title:

CAS Reviewer's Email:

CAS Reviewer's Phone:

Review:

Describe documentation reviewed and other actions taken to verify the event:

Additional information obtained in the review:

Comments, if any:

Action Plan: (check all that apply)

No further action required

Contractor informed of the event

Training, education and/or technical assistance provided

Advanced for further review

Provide a narrative description of any recommendations and the action plan:

Part 6. VR Panel Review – VR Only (as required)

Instructions: Record the names and titles of each panel member needed for this discussion. Recommended minimum attendance for the panel review is OGC, Programs State, VR Contract Admin, Contract Manager, RID, COS, and VR Operations. Others may be added as needed.

No panel discussion

Date of panel discussion:

Members of the panel

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Name:

Title:

Results of panel discussion:

Narrative summary of panel discussion:

Obtain additional information:

Narrative summary of panel discussion after additional information obtained, when applicable: (include date of meeting and attendees)

Recommendation from the panel:

No further action

Provide training, education and/or technical assistance:

Date(s) completed:

Monitor/Audit/Inspection:

Date held:

Formal Remedial Action Review:

Date TWC 1328 submitted:

Other, describe:

Additional comments: