

KEY STAFF REFERENCE FORM

CONTRACTOR NAME: Kyndryl

CONTRACTOR'S STAFF NAME: Brian Molik

Instruction: The Bidder will provide two (2) Staff reference forms for each proposed Key Staff.

TABLE 1 – Reference's Information	
This information should match the information provided in <i>Attachment A10 – Infrastructure Key Staff Resumes/Qualifications</i> .	
Customer/Client Reference Name:	Todd Lester
Customer/Client Reference Title	Director, Technology
Agency, Department, Organization or Company where Staff member performed:	Elevance Health
Project Title on which Staff member performed	Service Desk
Reference Phone Number:	804-492-4089
Reference E-mail Address:	Todd.lester@elevancehealth.com

Instruction for References: The Contractor Staff above has listed you as a reference and is requesting for you to complete this Staff Reference Form. Please check the appropriate rating based on your experience with the proposed Staff.


- Step 1: Complete Columns 1-2 in Table 2 by marking "yes" or "no" and providing an explanation if needed.
- Step 2: Complete Column 2 of Table 3, by utilizing the description of ratings provided in Table 4.
- Step 3: At the bottom of the page, print your name, your company's name, then sign and date.
- Step 4: Return the completed Staff Reference Form to Contractor.

TABLE 2 – The Reference Must Complete This Table.	
COLUMN 1	COLUMN 2
Did the Contractor provide you with a copy of the completed Attachment A10 – Infrastructure Key Staff Resumes /Qualifications for the Contractor's Staff named at the top of this page prior to your completion of this form?	Did the Contractor's Staff named at the top of this page perform the services described in Attachment A10 – Infrastructure Key Staff Resumes /Qualifications, including the functions as described and the time period provided on the project(s) that lists you as a contact?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No" checked, explain here.)

TABLE 3 – The Reference Must Complete This Table.	
The Reference shall rate the Contractor's Staff performance and abilities by entering a rating value (in Column 2) for each corresponding Performance and Ability Statement (listed in Column 1). Use the rating values contained in Description of Rating Values below.	
COLUMN 1	COLUMN 2
Performance and Ability Statements	Enter Rating from Table 4
Rate the performance of the Contractor's Staff during this engagement.	10
Rate the ability of the Contractor's Staff to perform the contractually, required work in a timely manner.	10
Rate the verbal and written communication skills of the Contractor's Staff.	10
Rate the ability of the Contractor's Staff to engage in positive working relationships with other coworkers.	10
Rate the knowledge of the Contractor's Staff in the required areas of expertise.	10
Rate how well the Contractor handled engagement with end users and User input.	10
Would you rehire this person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Optional Comments:	

TABLE 4 – Descriptions of Rating Values	
Rating Value	Description
10 points	Excellent: The performance and abilities of the Contractor's Staff were exceptional during this engagement.
8 points	Good: The performance and abilities of the Contractor's Staff were above average during this engagement.
5 points	Fair: The performance and abilities of the Contractor's Staff were average during this engagement.
2 points	Poor: The performance and abilities of the Contractor's Staff were below-average during this engagement.
0 points	No Value: The performance and abilities of the Contractor's Staff were unsatisfactory during this engagement.

By signing this form, the Reference is certifying that all information provided on this form is correct.

Todd Lester	Elevance Health
Name of Reference (print)	Name of Company Reference
	6/1/2023
Signature of Reference	Date