

First Time Fill Rate

DEALERSHIP NAME	JLR St Louis	rst time fill rate		
DATE	RO'S	1st Time	Same Day	Day
9/8/2017	10	9	10	1
9/5/2017	10	6	8	4
9/7/2017	10	8	8	2
9/11/2017	10	9	9	1
9/9/2017	10	9	10	1
Totals	50	41	45	9



Rate %
90.00%
60.00%
80.00%
90.00%
90.00%
#DIV/0!
82.00%



CDK Stocking Status		Inventory	% of Inventory	Guide	
INVESTMENT		Value			
Normal or Active Stock		\$192,267		46.17%	over 70%
Automatic Phase Out		\$34,455		8.27%	Less than 35%
Dealer Phase Out		\$314		0.08%	Less than 1%
Manual Order		\$92,193		22.14%	Less than 3%
Non Stock Part \$'s		\$72,381		17.38%	Less than 5%
Non Stock Part #'s*		6,283	MEMO		Greater than 70% of PN's
No Phase Out Not on ADP					NA
Repace by Hold Not on ADP					NA
Clean Core		\$8,507		2.04%	p/n pieces
Dirty Core		\$16,348		3.93%	
Total Inventory		\$416,465		100.00%	

ADP

Activity	Value \$	% of Invent	%	Notes & Guides
0-3 Months	203,399		52%	ACTIVE INVENTORY at 75%
4-6 Months	38,816		10%	ACTIVE INVENTORY at 23%
7-12 Months	71,336		18%	75% will likely become Obso 2%
Over 12 Months	49,169		13%	Technical Obsolescence 2% is g
New parts no sales	28,890		7%	Minimal Amount
Total Inventory	\$391,610		100%	

COLOR SCORING				
GOOD				
WARNING				
DANGER				
GREAT				
Seldom used				
OK....BUT..				
OUCH !!!				
OUCH !!!!!				
ouch!!!				
OBSO POSITION				
is guide	.75 TIMES	\$		53502
uide	PLUS			49,169
	PLUS			28,890
	EQUALS		34%	131561

Departmental Action Plan

Dealership

Student Name

Academy Week

Class & Student Number

Current Situation

Overall Objective:

Proposed Timeline

Action Plan

Describe necessary actions to reach desired result:

Requirements

Meeting with Dealer:

1. Action Proposed:

Meeting with stakeholder(s) (dealership personnel):

2. Describe what is in place to support desired goal:
Training / Coaching / ±Consequences related to results / Pain & Gain

Accountability: Monitoring progress:

3. Who:
What:
By When:
How:

Describe checkpoints that have been established to measure progress:

Daily / Weekly / Bi-weekly / Monthly /
4. Date(s) for review:

5. Estimated cost for implementation:

Projected Date of
Completion:

Sponsor Signature: _____

Evaluation of Results: Include measured results.

(± Metrics)

Impact Areas:

Sales / Gross / Expenses / Net Profit / CSI /



**PLEASE BE ADVISED
THIS ASSIGNMENT BY
IT'S SELF IS WORTH 100
POINTS.TAKE YOUR
TIME AND GET IT
CORRECT**