



Performance Memorandum

[Written Disciplinary Action]

TO: _____

FROM: _____
Name Title

RE: **WRITTEN DISCIPLINARY NOTICE**

DATE: _____

This memorandum is notification that your performance does not meet the expected level of performance for your position. The information below details the performance issues and expectations for improvement. Your performance will be reviewed within ____ days to determine the level of improvement. If you have any questions or concerns, please feel free to discuss them with me (or your immediate supervisor).

I. **Performance Description:** Specify specific behaviors or actions that detail the performance deficiencies.

II. **Performance Improvement Plan:**

A. Improvement Goals/Performance Expectations:

B. Training/Instruction To Be Provided:

C. Scheduled Review Date:

D. Is the employee required to attend the Employee Assistance Program? (Approval of the Office of Human Resources is required.)

Yes No

III. Outcomes:

If the level of performance does not meet expectations within the review period, the employee will be subject to further disciplinary action, up to and including termination.

IV. Employee Comments:

(Attach additional sheets, if needed)

Employee Signature

Date

EMPLOYEE ACKNOWLEDGEMENT

I understand that Austin Community College is an “at-will” employer, meaning that my employment has no specified term and that the employment relationship may be terminated at any time at the will of either party on notice to the other. I also understand that my employment is governed by the Administrative Rules of the College. I have been provided a copy of the pertinent Administrative Rules.

I have received a copy of this notification and it has been discussed with me. I have entered my response in item IV. above. I understand that I must make substantial improvements in my performance in order to remain employed.

By signing this I acknowledge that I have been advised of the performance issues and concerns.

Employee Signature

Date

Supervisor Signature

Date

If the employee refuses to sign this document, the supervisor should request that another supervisor confirm that the discussion has taken place and sign below.

Confirmation of the Discussion:

Supervisor Signature

Date

Distribution: ORIGINAL – Department File; COPY – Employee, COPY – Next Level Supervisor