



PERFORMANCE CORRECTION NOTICE

Employee Name: Department:
 Date Presented: Supervisor:

Disciplinary Level

- Verbal Correction** – (To memorialize the conversation.)
- Written Warning/Probation** – (State nature of offense, method of correction, and action to be taken if offense is repeated.)
- Investigatory Leave** – (Include length of time and nature of review.)
- Final Written Warning**
 - Without decision-making leave
 - With decision-making leave (Attach memo of instructions.)
 - With unpaid suspension

Subject: Substandard work

- Policy/Procedure Violation
- Performance Transgression
- Behavior/Conduct Infraction
- Absenteeism/Tardiness

Prior Notifications

| <i>Level of Discipline</i> | <i>Date</i> | <i>Subject</i> |
|----------------------------|----------------------|----------------------|
| Verbal | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Written | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Final Written | <input type="text"/> | <input type="text"/> |

Incident Description and Supporting Details: Include the following information: Time, Place, Date of Occurrence, and Persons Present as well as Organizational Impact.

A large, empty rectangular box with a black border, intended for providing the incident description and supporting details as specified in the header.

Performance Improvement Plan

1. Measurable/Tangible Improvement Goals:

2. Training or Special Direction to Be Provided:

3. Interim Performance Evaluation Necessary?

4. **Our Employee Assistance Program (EAP) Provider, Mercy Behavioral Care, can be confidentially reached to assist you at (800) 369-8800** . This is strictly voluntary. Information regarding the EAP's services is available from Human Resources.

5. In addition, I recognize that you may have certain ideas to improve your performance. Therefore, I encourage you to provide your own **Personal Improvement Plan Input and Suggestions:**

Additional sheets attached

Outcomes and Consequences

Positive:

Negative:

Scheduled Review Date:

Employee Comments and/or Rebuttal

Additional sheets attached

X _____
Employee Signature

Employee Acknowledgment

I understand that Northeast Nebraska Community Action Partnership, Inc. is an “at-will” employer, meaning my employment has no specified term and that the employment relationship may be terminated any time at the will of either party on notice to the other. I also realize that Northeast Nebraska Community Action Partnership, Inc. is opting to provide me with corrective action measures, and can terminate such corrective action measures at any time, solely at its own discretion, and that the use of discipline will not change my at-will employment status.

I have received a copy of this notification. It has been discussed with me, and I have been advised to take time to consider it before I sign it. I have freely chosen to agree to it, and I accept full responsibility for my actions. By signing this, I commit to follow the agency’s standards of performance and conduct.

Employee Signature Date Supervisor Signature Date

Witness (if employee refuses to sign)

Name Date Time in conference

Distribution of copies: Employee Supervisor Department Head Human Resources