



Employee Performance Correction Notice

Employee:		Present Date:	
Position:		Date of Position:	
Supervisor:		Department:	<input type="checkbox"/> Payroll <input type="checkbox"/> HR Department
Location:	<input type="checkbox"/> Suite 230 <input type="checkbox"/> Suite 402 <input type="checkbox"/> MTP <input type="checkbox"/> HP, Suite 3		
Disciplinary Level:	<input type="checkbox"/> Verbal Correction – (To memorialize the conversation) <input type="checkbox"/> Written Warning – (State nature of offense, method of correction, and action to be taken if offense is repeated.) <input type="checkbox"/> Investigatory Leave – (Include length of time and nature of review.) <input type="checkbox"/> Final Written Warning <input type="checkbox"/> Without decision-making leave <input type="checkbox"/> With decision-making leave (attach memo of instruction.) <input type="checkbox"/> With unpaid suspension		
Subject:	Substandard work performance: glass breakage; insubordination <input type="checkbox"/> Policy/Procedure Violation <input type="checkbox"/> Performance Transgression <input type="checkbox"/> Behavior/Conduct Infraction <input type="checkbox"/> Absenteeism and Tardiness		

Prior Notification(s)

Level of Discipline	Date	Subject
<input type="checkbox"/> Verbal (To memorialize the conversation)		
<input type="checkbox"/> Written Counseling		
<input type="checkbox"/> Investigatory Leave		
<input type="checkbox"/> Written and Final Warning		
<input type="checkbox"/> Suspension without pay		
<input type="checkbox"/> Termination		

*This notice is given to express our concern with your job performance. The situation has been serious and we must bring it to your attention. The following are the areas of concern:
 (Incident Description and Supporting details: Include the following information: Time, Place, Date of Occurrence, and Persons Involved, Persons Present as well as organizational impact)*

We sincerely feel that you can correct the above items of concern and following is what must be accomplished to correct them:

Performance Improvement Plan:

Any further occurrence will result in immediate termination.



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Again, we believe you can make the necessary changes immediately and we will offer whatever assistance possible. If you fail to follow company/site policy or procedures, or if this problem reoccurs, you may be subject to further disciplinary action and/or termination.

Your performance will be re-evaluated on: _____.

A copy of this notice will be placed in your personnel file.

Supervisor Signature:	Date:
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Employee Comments:

I have read and understand the contents of this counseling action and have received a copy of this document.

Employee Signature:	Date:
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Witness Signature <small>(if applicable)</small> :	Date:
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<input type="checkbox"/> Employee Copy	<input type="checkbox"/> Original to Human Resources Office for Employee File
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