## ATTACHMENT A CORRECTIVE ACTION NOTICE

| Employee Name:                            |   | Department:                                   |       |
|---|---|---|-------|
| Written Warning o Final Warning o         |   |   |       |
| 1.  | Statement of the problem (violation of rules, performance):         | policies, standards, practices, or unsatisfac | ctory |
|   |   |   |       |
|   |   |   |       |
| 2.  | Prior discussions or warnings on this subject                       | (oral, written, dates):                       |       |
|   |   |   |       |
| 3.  | Statement of County policy on this subject:                         |   |       |
|   |   |   |       |
| 4.  | Summary of corrective action to be taken follow-up):                | (include dates for improvement and plan       | s for |
|   |   |   |       |
| 5.  | Consequences of failure to improve performance or correct behavior. |   |       |
|   |   |   |       |
| 6.  | Employee Comments:  |   |       |
|   |   |   |       |
|   |   | (Continue on reverse side if necessary        | /)    |
|   | Employee's Signature Date   | Supervisor's Signature Date                   | 2     |
| Department Head/Elected Official Approval |   | Date  |       |

**Distribution:** Original to personnel file; one copy to employee; one copy to supervisor.