
CITY OF DUNLAP PERFORMANCE CORRECTION NOTICE

Employee Name:
Date Presented:

Department:
Supervisor:

Disciplinary Level

- Verbal Correction** - (To memorialize the conversation.)
- Written Warning** - (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:

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

Prior Notifications

<u>Level of Discipline</u>	<u>Date</u>	<u>Subject</u>
Verbal	_____	_____
Written	_____	_____
Final Written	_____	_____

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

Performance Improvement Plan

1. Measurable/Tangible Improvement Goals:

2. Training or Special Direction to Be Provided:

3. Interim Performance Evaluation Necessary?

4. 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:**

(Attach additional sheets if needed.)

Outcomes and Consequences

Positive:

Negative:

Scheduled Review Date:

Employee Comments and/or Rebuttal

(Attach additional sheets if needed.)

X

Employee Signature

Employee Acknowledgment

I understand that the City of Dunlap is an "at-will" employer, meaning that 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 the City of Dunlap is opting to provide me with corrective action measures, and can terminate such corrective measures at any time, solely at its own discretion, and that the use of progressive 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 city's standards of performance and conduct.

Employee Signature

Date

Supervisor's Signature

Date

Witness: (if employee refuses to sign)

Name

Date

Time in conference

Distribution of copies: __ Employee __ Supervisor __ Department Head __ Human Resources