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| --- | --- | --- | --- |
| **Employee Name:** |  | **Department:** |  |
| **Date Presented:** |  | **Supervisor:** |  |

# **Disciplinary Level**

\_\_\_\_\_\_ **Verbal Correction** – (To document the conversation.)

\_\_\_\_\_\_ **Written Warning** – (State nature of offense, method of correction, and action

 and action to be taken if offense is repeated.)

\_\_\_\_\_\_ **Final Written Warning**

 \_\_\_\_ Without decision-making leave

 \_\_\_\_ With decision-making leave (Attach memo of instructions.)

 \_\_\_\_ With unpaid suspension

# **Subject**

\_\_\_\_\_\_ Policy/Procedure Violation

\_\_\_\_\_\_ Performance Transgression

\_\_\_\_\_\_ Behavior/Conduct Infraction

\_\_\_\_\_\_ Absenteeism and Tardiness

# **Prior Notification**

# **Level of Discipline Date Subject**

Verbal \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Written \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Incident Description and Supporting Details: Include the following information: Time, Place, Date of Occurrence, and Persons Present as well as Organizational Impact.** |
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| **Prior Performance Improvement Plan** |
| 1. Measurable/Tangible Improvement Goals: |
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| 2. Training or Special Direction to Be Provided: |
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| 3.Interim Performance Evaluation Necessary? |
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| 4. Personal Improvement Plan Input and Suggestions: |
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(Attach additional sheet if needed)

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| **Prior Outcomes and Consequences** |
| Positive: If you meet the company’s and your own performance goals, no further disciplinary action will be taken regarding this issue. |
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| Negative: |
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A copy of this document will be placed in your personnel file.

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| **Prior Scheduled Review Date:**  |  |

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| **Prior Employee Comments and/or Rebuttal** |
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(Attach additional sheet if needed)

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature

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| **Prior Employee Acknowledgement**  |

I understand that *(company name)* 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 *(company name)* 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. *I understand that no exceptions will be made under any circumstances and that this is my last chance.* By signing this, I commit to follow the company’s standards of performance and conduct.

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|  |  |
| **Employee Signature** | **Date** | **Supervisor’s Signature** | **Date** |

**Witness: (if employee refuses to sign)**

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| --- | --- | --- |
|  |  |  |
| **Name** |  | **Date** |  | **Time in Conference** |

**Distribution of copies: \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_ Department Head \_\_\_\_\_ Human Resources**