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:

___Policy/Procedure Violation
___Performance Transgression
___Behavior/Conduct Infraction
___Absenteeism and Tardiness

Prior Notifications

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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.

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:
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