

Employee Information			
Employee Name		Date of Hire	
Position			
Supervisor Name		Division	

Performance Action Type						
Verbal Warning		Date of Action		Suspension		Date of Action
1st Written Warning		Date of Action		Termination*		Date of Action
2nd Written Warning		Date of Action		*Complete and attach Termination Form and send to HR		

Description of Unacceptable Performance/Misconduct

Positive Action Plan & Follow-Up (as needed)

Employee Comments

Acknowledgement & Signatures (By signing this document I acknowledge that I have read and understand the information and statements herein.)			
Employee	Date	Supervisor	Date
Witness	Date	Human Resources	Date