

COACHING AND PERFORMANCE CORRECTION NOTICE Rev 1-2018

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| --- | --- | --- | --- |
| Employee Name: | Click here to enter text. | Date: | Click here to enter text. |
| Program/Job Title: | Click here to enter text. | Supervisor: | Click here to enter text. |

Prior Violations: (Other Coaching or Performance Corrective Actions within past 12 months)

|  |  |
| --- | --- |
| Date | Subject |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

New Violation:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Policy or Procedure |  | Absenteeism / Tardiness |
|  | Performance Transgression |  | Other: Click here to enter text. |
|  | Behavior / Conduct Infraction |  |  |

Level/Type of Corrective Action:

|  |  |
| --- | --- |
|  | Documented Verbal Warning |
|  | Written Warning |
|  | Final Written Warning |
|  | Suspension |

\*Terminations require prior review and approval by the Executive Director\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident Description:** (Facts and supporting details - time, place, witnesses, organizational impact) | | | |
| Click here to enter text. | | | |
| **Corrective Action Plan:** (Expectations/Goals, Training, or Special Direction) | | | |
| Click here to enter text. | | | |
| **Outcomes and Consequences if issues continue:** | | | |
| Positive: | | | Click here to enter text. |
| Negative: | | | Click here to enter text. |
| Scheduled Review Date: | | | Click here to enter text. |
| **Employee’s Comments:** (*if more space is needed, use the back of this sheet or another blank page)* | | | |
| Click here to enter text. | | | |
| **Employee Acknowledgement** | | | |
| I understand that YVEDDI is an “at-will” employer, meaning 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 YVEDDI is opting to provide me with corrective action measures, and can terminate such corrective action 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 my position is now in jeopardy of being lost and that I must make substantial improvements in my performance in order to remain employed. By signing this, I commit to follow the company’s standards of performance and conduct. | | | |
| Employee Signature | |  | |
| Date | |  | |
| Supervisor Signature | |  | |
| Date | |  | |
| Witness(if employee refuses to sign) | |  | |
| Date | |  | |
| Distribution of copies: | | | |
|  | Employee | | |
|  | Supervisor | | |
|  | Human Resources-Personnel File | | |