ATTACHMENT A CORRECTIVE ACTION NOTICE

Employee Name:			Department:		
Wı	Vritten Warning o Final Wa	rning o			
1.	Statement of the problem (violation of rules, policies, standards, practices, or unsatisfactory performance):				
2.	Prior discussions or warnings on this subject (oral, written, dates):				
3.	Statement of County policy on this subject:				
4.	Summary of corrective action to be taken (include dates for improvement and plans for follow-up):				
5.	Consequences of failure to improve performance or correct behavior.				
6.	Employee Comments:				
			(Continue on reverse side	if necessary)	
	Employee's Signature	Date	Supervisor's Signature	Date	
Department Head/Elected Official Approval			l Dat	Date	

Distribution: Original to personnel file; one copy to employee; one copy to supervisor.