

ATTACHMENT A CORRECTIVE ACTION NOTICE

Employee Name: _____ Department: _____

Written Warning Final Warning

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 Date

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