



# EMPLOYEE CORRECTION NOTICE

## PERSONAL INFORMATION

Employee Name:

Supervisor:

Position:

Store/Department:

Date Issued:

(Check One):       Performance       Conduct

Employee Standard Impacted (Check One):

EMPLOYEE STANDARD			
JOB KNOWLEDGE		PRODUCTIVITY	
QUALITY		INITIATIVE	
TEAM WORK		CUSTOMER SERVICE	
COMMUNICATION		SAFETY	
ATTENDANCE		PUNCTIONALITY	

Type of Warning Issued (Check One):

Written Warning     Final Written Warning     Suspension     Termination

*Dates and details of violation (include dates of previous conversations/violations, occurrences)*



**Expectations and Plan for Improvement**  
**(Please complete either Performance or Conduct section):**

**PERFORMANCE**

*IF Performance, list tasks, activities and deliverables that must occur within a set time period (Improvement Period)*

**CONDUCT**

*IF Conduct, indicate what Corrective Action the employee is to immediately take:*

Please note, your (please circle one) PERFORMANCE or CONDUCT must immediately improve to a satisfactory level and improvement must be sustained. Failure to do so may result in further disciplinary action, up to and including termination.

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**I acknowledge that I have read and understand the contents of this document.**

**SIGNATURES**

Employee's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_