

<b>PERFORMANCE CORRECTION NOTICE</b>
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**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date Presented:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Disciplinary Level:**

- Verbal Correction** - (To memorialize the conversation.)
- Written Warning** - (State nature of offense, method of correction, and action to be taken if offense is repeated.)
- Final Written Warning**
  - Without decision-making leave
  - With decision-making leave (Attach memo of instructions.)
  - With unpaid suspension
- Investigatory Leave** - (Include length of time and nature of review.)
  - Paid
  - Unpaid

**Type of Action:**

- Violation of rule or policy
- Performance Transgression
- Behavior/Conduct Infraction
- Threat (implied violence) or violent action (assault, etc.)
- Other \_\_\_\_\_
- Absenteeism and Tardiness
- Unsatisfactory work performance
- Incapacity to perform assigned duties

<b>Prior Notifications</b>
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Level of Discipline	Date	Subject
Verbal		
Written		
Final Written		

**Explanation:** Describe the situation (behavior, performance, policy violation, etc.) that occurred. Include date(s), time(s), location(s), people involved, witnesses, effects of incident on employee's work or other employees, and all other relevant circumstances or contributing factors. **Please be specific in stating observable behaviors and comments whenever possible.** (Attach additional sheets if needed.)

**Goals and Time Frame For Improvement:** What specific actions, within what time frame, are to be accomplished to improve the behavior / performance?

**Consequences:** What will happen if employee fails to meet the goals set within the designated time frames?

**Follow-up Review Date:** \_\_\_\_\_

**Employee Comments and/or Rebuttal:**

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(Attach additional sheets if needed.)

\_\_\_\_\_  
Employee Signature

**Employee Acknowledgment**

I understand that Montgomery County Government is an “at-will” employer, meaning that 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 the County is opting to provide me with corrective action measures, and can terminate such corrective 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. By signing this, I commit to follow the County’s standards of performance and conduct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**I understand that my signature indicates only that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date