

Employee Notice of Deficiency

Employee's Name: _____ Date(s) of deficiency: _____

Previous 12-Month History of Employee Deficiencies

Date	Deficiency	Disciplinary Action Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE THE NATURE OF THE DEFICIENCY, SPECIFICALLY, WHAT, WHEN, WHERE, AND HOW EMPLOYEE'S PERFORMANCE/BEHAVIOR WAS DEFICIENT

Describe extenuating circumstances, if any:

Plan for improvement

Further Action

Employee Comments

Supervisor's Signature _____ Date _____

Manager/Owner's Signature _____ Date _____

I have read and understand the nature of this deficiency and understand that if this persists, further disciplinary action, up to and including termination of my employment, may occur. I also understand that the imposition of disciplinary action, up to and including termination, is not preconditioned upon receipt of verbal or written notice of unacceptable conduct.

Employee's Signature _____ Date _____