

**PERFORMANCE CORRECTION NOTICE**

**Employee Name:** Joe Employee                      **Department:** Marketing

**Date Presented:** 10/22/98                      **Supervisor:** Bob 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

**Prior Notifications**

<u>Level of Discipline</u>	<u>Date</u>	<u>Subject</u>
Verbal	01/30/98	Unscheduled/unauthorized absences
Written	07/30/98	Unscheduled/unauthorized absences
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.)

*Maintenance of good attendance is a condition of employment. In order to minimize hardships that may result from illness or injury, our company provides paid sick time benefits to employees for use when their own illness or injury prevents them from working. However, periodic sick leave taken on a repeated basis may be viewed as abuse of the system. It is your responsibility to establish legitimate illness or injury in order to receive sick leave pay.*

*You have incurred five incidents of unscheduled absence in this rolling calendar year. The dates are:*

- |                   |            |
|-------------------|------------|
| • 10/20/98        | 8.0 hours  |
| • 10/16/98        | 8.0 hours  |
| • 10/9 - 10/13/98 | 16.0 hours |
| • 7/21 - 7/25/98  | 38.1 hours |
| • 4/28 - 4/30/98  | 24.0 hours |
| • 1/20 - 1/22/98  | 24.0 hours |
| • 12/18/97        | 8.0 hours  |

*This number of incidents has disrupted the work flow in our unit and could cause our department to incur unscheduled overtime because others have had to carry the extra work load. Seven incidents of unscheduled absence in the rolling calendar year constitutes failure to meet company standards of performance and conduct (policy 2.14).*

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

*Tom, I expect you to immediately improve your attendance to meet company minimum standards. You have already received a copy of company policy regarding absence. I hold you fully responsible for your attendance.*

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

*Failure to meet company absenteeism standards is serious. You are now formally being placed on final written warning for unauthorized absence. This indicates that you may not have taken your prior warning as seriously as you should have. You are now formally notified that a ninth incident of unauthorized absence in the rolling calendar year will lead to further disciplinary action.*

*As per policy 2.14 on attendance, when an employee is in final written warning status for absenteeism, any occurrence of absenteeism or tardiness in the rolling calendar year will result in immediate dismissal. Furthermore, an employee in final written warning status will be ineligible for promotion or transfer. The employee will be ineligible to receive any approved time off except previously scheduled holidays, bereavement, or any time off required by law.*

*Furthermore, you are now formally notified that any further occurrences of sick leave must be substantiated by a doctor's note. The doctor's note will be necessary to return to work and to access your sick leave accrual bank. A copy of this document will be placed in your personnel file.*

**Follow-up Review Date:** None

**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