

Knox County

NOTICE OF CORRECTIVE ACTION & PERFORMANCE IMPROVEMENT PLAN

Date: _____

Name of Employee:	Title:
Name of Supervisor/Manager:	

Type and Reason for Discipline:	(check all that apply):
<input type="checkbox"/> Oral Reprimand (documented)	<input type="checkbox"/> Quality
<input type="checkbox"/> Written Reprimand	<input type="checkbox"/> Productivity
<input type="checkbox"/> Suspension with Pay	<input type="checkbox"/> Attendance/Punctuality
<input type="checkbox"/> Suspension without Pay	<input type="checkbox"/> Attitude
	<input type="checkbox"/> Other
Further Details:	

Description of Performance Needing Improvement:

Assistance to be Provided:

Date

Manager/Supervisor Signature

Employee Acknowledgement:

I have received this disciplinary action and understand that unless this problem is corrected, further disciplinary action will be taken, up to and possibly including termination of my employment.

Date

Employee Signature