EMPLOYEE NAME: DATE OF NOTICE:				
SUPERVISOR NAME: JOB POSITION:				
TYPE OF PROBLEM OR VIOLATION:  Tardiness				
DETAILS OF OCCURRENCE (Include description of impact on Company):				
CORRECTIVE ACTION TO BE TAKEN:  Suspension:				
EXPECTED IMPROVEMENT (Include a clear statement as to the consequences of failing to improve)				
EMPLOYEE'S STATEMENT (Use additional paper if necessary)				
By signing this notice, I am acknowledging that I have been counseled about my inappropriate conduct and informed of consequences if improvements are not made.				
Employee Signature: Date:				

## SUPERVISOR CHECKLIST FOR NOTICE OF DISCIPLINARY ACTION

	Reviewed the Managing Poor Performance Checklist.		Action discussed with and approved by human resource department prior to employee counseling.
	Described problem in detail to employee		Explained consequences if improvements are not achieved by date specified.
	Explained how problem interferes with work environment, employee performance, business operations, profitability, or the well-being of other employees.		Explained employee is "at will" and that there may be no further warnings prior to termination.
	Explained in detail what employee must do to improve performance or change behavior.		Discipline is consistent with treatment of other employees guilty of similar violations.
	If applicable, stated deadline for improvements.		Provided Employee Correction Form.
Supervisor			Date:
Human Resources			Date:

Note: Place original in personnel file.