|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Oxy_Horizontal_Logo | | | | | | | | |
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|  |  |  |  |  |  |  |
| **PERFORMANCE ACTION NOTICE** | | | | | | |
|
|  |  |  |  |  |  |  |
| **Employee's Name:** | |  | | | | |
| **Department:** | |  | | | | |
| **Position:** | |  | | | | |
| **Manager/Supervisor:** | |  | | | | |
|  |  |  |  |  |  |  |
| **Type of Problem or Violation:** | | | | | | |
|  | Date of Occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |  |
|  |  |  |  |  |  |  |
|  | Attendance |  |  |  | Safety |  |
|  | Insubordination |  |  |  | Drug or Alcohol Use |  |
|  | Performance |  |  |  | Other: Employee Theft\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Type of Action:** | | | | | | |
|  |  |  |  |  |  |  |
|  | Verbal Warning Notice |  |  |  | Final Written Warning Notice |  |
|  |  |  |  |  |  |  |
|  | Written Warning Notice |  |  |  | Termination: Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Problem or Violation Description and Supporting Details:** | | | | | | |
|  | | | | | | |
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| *Please Note: Additional Comments can be attached on a separate page* | | | | | |  |
| **Corrective Action Expected of Employee:** | | | | | | |
|  | | | | | | |
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|  |  |  |  |  |  |  |
| **Employee's Response:** | | | | | | |
|  | | | | | | |
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|  |  |  |  |  |  |  |
| **Has the Employee received a prior warning for a similar problem?** | | |  | | | |
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|  |  |  |  |  |  |  |
| **Was the prior warning verbal or written?** | | |  | | | |
|
| **ACKNOWLEDGMENTS:** | |  |  |  |  |  |
| I acknowledge that I have met with my Supervisor and fully understand the information and corrective action(s) as discussed on this notice. Note: Failure to take corrective action could result in further disciplinary measures including termination. | | | | | | |
|  |  |  |  |  |  |  |
| Employee Signature | |  | | Date | |  |
|  |  |  |  |  |  |  |
| Supervisor Signature | |  | | Date | |  |
|  |  |  |  |  |  |  |
| Head of Department Signature | |  | | Date | |  |
|  |  |  |  |  |  |  |