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| Oxy_Horizontal_Logo  |
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|   |   |   |   |   |   |   |
| **PERFORMANCE ACTION NOTICE** |
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|   |   |   |   |   |   |   |
| **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 |   |
|  |   |   |   |   |   |   |