

Applies to: CWA Bargaining Unit Members

Date:	Dept:
Employee Name:	Employee Title:
Supervisor Name:	Supervisor Title:

Document Infraction - (Specify the nature of the infraction and include specific references to date/time, policy/rule, etc.)

Operational Impact of Infraction

Performance Improvement Expectations

Action Steps to Meet Expectations (if applicable)

I have met with the employee and we have discussed the information above. The performance improvement expectations for the employee have been explained. I have provided the employee with a copy of this documented constructive counseling and advised the employee that future performance issues could result in further corrective action up to and including termination.

Supervisor Signature

Date

By signing this, I acknowledge that my supervisor has discussed this matter with me, that I have been given an opportunity to ask questions of my supervisor, and that I have received a copy of this document. I understand that this is corrective action and that future infractions and/or not meeting the above expectations may result in further corrective action. I have been informed that I have the opportunity to offer my comments below.

Employee Signature

Date

Employee Comments on back

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Employee Comments (optional)(use additional paper if necessary)