

CLASSIFIED EMPLOYEE PERFORMANCE DEFICIENCY REPORT

Name of Employee: _____

Job Title: _____ Location: _____

Date(s) on which incident(s) occurred, or period of time applicable to this report: _____

Reason for report (give details, attach additional information if needed): _____

Describe acceptable performance level and improvement plan action(s) to be taken by employee (attach additional information if needed): _____

Disciplinary action taken, if any: _____

Employee response: _____

Signature of Employee: _____ Date signed: _____

Note: The employee's signature does not imply that the employee agrees with this report, but only that the employee has read and discussed it with his/her supervisor.

Signature of Supervisor: _____

Supervisor's name typed or printed: _____ Date signed: _____

Copies to: Employee, Supervisor/Administrator
Personnel file (optional-line if a copy is not to be placed in personnel file)