

# Performance Management Documentation Worksheet

Employee Name:	Employee Title:	Position Number:
Department:	Date of Notification:	Supervisor:

This worksheet documents and recognizes that you must make immediate improvement in the performance of your duties.

**Description of Specific Performance Infractions/Deficiencies:**

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**Plan of Action/Improvements Needed:**

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**Consequences of Future Infractions:**

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Supervisor's Signature:	Date:
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Reviewer's Comments:	Signature:	Date:
Employee Comments:	Signature:	Date:

**NOTE:** By signing this form, you confirm that you understand the information requires immediate action. You also confirm that you and your supervisor have discussed specific performance deficiencies and a plan for improvement.