

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)