CLAYTON COUNTY PUBLIC SCHOOL SYSTEM

DIVISION OF HUMAN RESOURCES

CLASSIFIED EMPLOYEE
PERFORMANCE NOTIFICATION & DOCUMENTATION

EMPLOYEE NAME: **ID# :**	**SITE\SCHOOL:**
☐ **1st Verbal Date (#1)** ☐ **2nd Verbal Date (#2)** ☐ **3rd Verbal Date (#3)** ☐ **1st Written Warning, Date (#4)** ☐ **2nd Written Warning, Date (#5)** ☐ **3rd Written Warning, Date (#6)**	RECOMMENDATION: (if applicable) ☐ **1 Day Suspension** ☐ **3 Day Suspension** ☐ **5 Day Suspension** ☐ **Termination**
ORAL ◯ WRITTEN ◯	DATE:

SPECIFIC BEHAVIORS/OBJECTIVES ADDRESSED: (District Policy, Directive, Regulation, Job Performance etc…)

(Address the behavior only, don't make it personal.)

PLAN FOR REMEDIATION:

(What is the administrator going to do, to ensure the employee follow the plan?)
(What is the administrator going to do, to help the employee?)

CRITERION FOR PROGRESS & DATE FOR COMPLETION:

Criteria for Progress:

Due Date(s) for Completion:

Supervisor Signature: **Date:**

Department Head/ Principal Signature: **Date:**

Assist. Superintendent/ Division Head Signature: **Date:**

RECEIPT ACKNOWLEDGED BY _____ ON _____
(Employee Signature and ID no.) (Date)

The employee's signature acknowledges receipt of this correspondence only and does not constitute agreement or disagreement with the statements listed above. Written comments may be attached to this form.

WITNESS (Sign only if employee to which this correspondence is addressed refuses to sign acknowledging receipt.)

_____ _____
(Witness' Signature) (Date)