



## CORRECTIVE ACTION NOTICE

**DATE:** Date Given to the Employee  
**TO:** Employee's Name, Title  
**FROM:** Supervisor's Name, Title  
**SUBJECT:** Written Reprimand

This notice is to inform you that you are being reprimanded for your actions outlined below.

**\*\*Supervisor: Remove all highlighted text below before delivering a copy of the notice to the employee\*\***

### **Incident**

*Describe the incident as detailed as possible, including the time, place, date(s) of occurrence and persons present. Also include a statement about how the incident impacted the department, co-workers, and the City of Denton.*

### **Previous Corrective Actions or Discussion**

*Include a listing of other corrective actions or discussions (and dates), if applicable, that you have had with the employee that helps support this level of corrective action. If there is no previous corrective action but the action is severe enough to jump immediately to a level II reprimand, suspension, demotion, or termination then explain that instead.*

### **Citation of Policy Regarding Infraction**

*When possible, cite specific City policy or Department SOP violations. (Policy 109.01 has performance and behavioral examples you can cite)*

### **Actions Necessary to Bring About Improvement**

You must show immediate, measurable, and continuous improvement in your performance in the following areas:

#### **Training or Special Direction to Be Provided:**

If you meet the expectations described above, no further corrective action will be taken regarding this issue. However, if you fail to show immediate improvements in performance and do not continue to perform at an acceptable level, further corrective action, up to and including termination of employment, may be taken.

## **OUR CORE VALUES**

Integrity • Fiscal Responsibility • Transparency • Outstanding Customer Service

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

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I understand that the City of Denton is an "at-will" employer, meaning that my employment has no specified term and that the employment relationship may be terminated any time by the City of Denton, with or without cause and with or without notice. I also realize that the City of Denton is opting to provide me with corrective action measures, and can terminate such corrective measures at any time, solely at its own discretion, and that the use of progressive corrective action will not change my at-will employment status.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

If employee refuses to sign:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Employee Comments:**

*The employee may use the following space (or add extra pages) to write any comments to the supervisor's statements above. The employee's comments will be filed with this memorandum in the employee's personnel file.*

To be completed by supervisor:

HBU	
Department	
Division	
Reason for Corrective Action	<ul style="list-style-type: none"><li>○ Safety Violation/Accident</li><li>○ Attendance/Tardiness</li><li>○ Performance Deficiency</li><li>○ Behavior/Conduct Infraction</li><li>○ Other Policy Violation</li></ul>
Previous performance review date and rating	