

NOTICE OF CONCERN

To: _____ Date: _____

The purpose of this Notice of Concern is to call to your attention matters related to the performance of your duties and responsibilities as a:

Classification Work Site

AREA OF CONCERN: (Note date, time, place – be specific)

RECOMMENDED ACTION: (Note how the employee will be assisted to improve)

Copy to Personnel file: No Yes

At the end of ten (10) days this memo will be placed in your personnel file. You have the right, within ten (10) days of receipt of this memo, to provide any written comments and have them attached to the copy of this memo in your file.

Principal/Supervisor Signature Employee Signature-Acknowledgement Receipt

Date Date