

PERFORMANCE CORRECTION NOTICE

Employee Name: _____

Department: _____

Date Presented: _____

Supervisor: _____

Disciplinary Level

- ☐ Verbal Correction
- ☐ Written Warning
- ☐ Final Written Warning

Prior Notification:

Level of Discipline

Date _____

Subject

Subject:

INCIDENT DESCRIPTION AND SUPPORTING DETAILS: (INCLUDE THE FOLLOWING INFORMATION: TIME, PLACE, DATE OF OCCURRENCE, AND PERSONS PRESENT, AS WELL AS ORGANIZATIONAL IMPACT.)

Improvement Measure:

Supervisor Plan

Employee Comments and/or Rebuttal:

Employee Signature

EMPLOYEE ACKNOWLEDGEMENT

I understand that Marion Eye Centers & Optical is an "at-will" employer, meaning that my employment has no specified term and that the employment relationship may be terminated any time at the will of either party on notice to the other. I also realize that Marion Eye Centers & Optical 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 discipline will not change my at-will employment status.

I have received a copy of this notification. It has been discussed with me, and I have been advised to take time to consider it before I sign it. I have freely chosen to agree to it, and I accept full responsibility for my actions. By signing this, I commit to follow the Company's standard of performance and conduct.

Employee's Signature

Date

Supervisor's Signature

Date

Management Signature

Date

Copies: ___ Employee ___ Supervisor ___ Human Resources