



Facilities Management Employee Developmental Form

Employee: _____ Date: _____

Supervisor: _____

Your actions have been found unsatisfactory for the following reason(s):

- | | | |
|---|---|---|
| <input type="checkbox"/> Attendance/Tardiness | <input type="checkbox"/> Quality of work | <input type="checkbox"/> Quantity of work |
| <input type="checkbox"/> Going into Leave Without Pay | <input type="checkbox"/> Gossip | <input type="checkbox"/> Not Following directions |
| <input type="checkbox"/> Disruption in the workplace | <input type="checkbox"/> Failure to provide doctor's slip | |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Following policy/procedure | |
| <input type="checkbox"/> Other _____ | | |

Description of Incident: (Include date, time, location)

Corrective action to be taken or goals to be achieved:

Consequences for failure to improve performance or correct behavior:

Prior discussions or warnings on this subject, whether oral or written:

Is a follow-up meeting necessary? Yes No: On what date? _____

Employee statement: See reverse side of form.

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____