

**Classified Employee Notice of Performance Concerns  
Douglas County West Community Schools**

Employee	Date of Review
Location	Position

**CONCERNS:** Check appropriate items(s)

<input type="checkbox"/> Knowledge and performance of job	<input type="checkbox"/> Failure to follow policies
<input type="checkbox"/> Attendance	<input type="checkbox"/> Ability to work cooperatively with others
<input type="checkbox"/> Punctuality	<input type="checkbox"/> Failure to exhibit appropriate judgment and tact
<input type="checkbox"/> Neglect of Duty	<input type="checkbox"/> Other

Description of Incident including date(s) of occurrence:

Recommendations for Improvement:

\_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date

\* \_\_\_\_\_  
Employee \_\_\_\_\_  
Date

\*Employee signature indicates that the employee has reviewed this document. The employee is also being notified that further infractions of this nature or any other type may result in further disciplinary action, which may include termination.

Original to file; copies to Employee, Supervisor