Fountain **o**f **H**ope **F**amily **S**ervice **I**nc.
10326 Greenbriar Parkway
Oklahoma City, Ok 73159

PERFORMANCE CORRECTION NOTICE

Office Staff/Contracted Clinician Name: _____

Date Presented: _____

Disciplinary Level:	**Performance Area Addressed:**
___ Oral Warning	___ Policy/Procedure Violation
___ Written Warning	___ Performance Transgression
___ Final Written Warning	___ Behavior/Conduct Infraction
	___ Absenteeism/Tardiness

Prior Notifications:

Level of Discipline	**Date**	**Subject**
___ Verbal	_____	_____
___ Written	_____	_____
___ Final Written	_____	_____

Incident Description and Supporting Details: Include the following information: Time, Place, Date of Occurrence, and Persons Present as well as Organizational Impact.

Performance Improvement Plan

1. Measurable/Tangible Improvement Goals:

2. Training or Special Direction Provided:

3. Interim Performance Evaluation Necessary?

4. In addition, I recognize that you may have certain ideas to improve your performance. Therefore, I encourage you to provide your own performance improvement plan input and suggestions:

X

Personnel Signature