

# CORRECTIVE ACTION MEMO

<b>NAME</b>	<b>JOB TITLE</b>		
<b>1. AREA OF MANAGEMENT CONCERN:</b>		<b>2. ACTION BEING TAKEN:</b>	
<input type="checkbox"/> Attendance <input type="checkbox"/> Work Performance <input checked="" type="checkbox"/> Other City Rule Violation <b><u>Behavior of Employee</u></b> <b><u>(PERSONNEL POLICY 801)</u></b>		<input checked="" type="checkbox"/> Written Warning <input type="checkbox"/> Suspension <input type="checkbox"/> Dismissal <input type="checkbox"/> Other	
<b>3.</b> Describe area of concern in detail. Identify previous efforts made to correct the problem.			
<b>SUPERVISOR COMMENTS</b>			
<b>4.</b> Describe specific action required by employee to correct the problem. The employee should understand that if he/she does not attain and sustain a satisfactory level of compliance, additional corrective action, up to and including dismissal, may be taken.			
<b>CORRECTIVE ACTION REQUIRED</b>	<p>The City of Anacortes is committed to ensuring that the City is a place of work that is free from negative, aggressive, and inappropriate behaviors, and that the work environment provides high quality library services in an atmosphere of respect, collaboration, openness, safety and equality.</p> <p>It is expected that you comply with all City policies. Failure to do so will result in further disciplinary action up to and including termination.</p> <p>Notice to Employee: Please be aware that Human Resource Director or your supervisor are available to assist you if you have concerns of a medical or personal nature.</p>		
<b>5.</b>			
<b>EMPLOYEE COMMENTS (Optional)</b>			
<b>6.</b>			
<b>SIGNATURE</b>	EMPLOYEE SIGNATURE _____ DATE _____  IMMEDIATE SUPERVISOR (TYPED NAME & SIGNATURE) _____ DATE _____	NOTE: Signature of employee indicates review and receipt of CAM, not necessarily agreement.  *Human Resources (TYPED NAME & SIGNATURE) DATE <div style="text-align: right;">Emily C. Schuh</div>	

**\*HR REVIEW AND APPROVAL REQUIRED BEFORE PRESENTING TO THE EMPLOYEE**

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10/12/17 1:49 PM