

POOR WORK PERFORMANCE NOTIFICATION

Youth Employee Name _____ Date _____

Employer _____

Supervisor's Name _____

As an Intern of the Youth Internship Program, you are aware of your work related responsibilities and program expectations related to your work performance. During a recent evaluation period or as it relates to a critical incident, you have shown less than acceptable performance in the following area(s):

___ Not demonstrating positive work attitude and behavior

___ Not presenting appropriate appearance

___ Not exhibiting good interpersonal skills

___ Problems with Supervisor LI Problems with Co-workers
Describe: _____

___ Not completing work tasks effectively
Describe: _____

___ Not being punctual (Dates and Description): _____

___ Not attending work as scheduled (Dates and times of non-attendance) _____

Other _____

Based on the above, the following behavior changes must be demonstrated to maintain your employment: _____

If you do not improve your work behavior over the next week to an acceptable level of performance, you will be terminated from participation in the work experience component of the Youth Internship Program.

Signature - Intern

Signature – Worksite Monitor

Signature – Worksite Supervisor