



Poor Work Performance Notification

Participant's Name _____ Date _____
 Employer _____
 Supervisor's Name _____

As a participant of the CSP's Adult Work Experience 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 / 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 program.

 Signature - Participant

 Signature - CSP Project Manager

 Signature - Worksite Supervisor