

## POOR WORK PERFORMANCE NOTIFICATION

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Youth Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

As an Intern of the Summer 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