



**EMPLOYEE PERFORMANCE  
OBSERVATION REPORT**



**EMPLOYEE NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **DATE OF OBSERVATION:** \_\_\_\_\_

**REASON FOR ACTION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Compliment                      | <input type="checkbox"/> Excessive Absence or Lateness                    |
| <input type="checkbox"/> Exceptional Initiative          | <input type="checkbox"/> Insubordination/Refusal to Perform Assigned Work |
| <input type="checkbox"/> Extraordinary Work Performance  | <input type="checkbox"/> Violation of Department Rules                    |
| <input type="checkbox"/> Unsatisfactory Work Performance | <input type="checkbox"/> Violation of Safety Rules                        |
| <input type="checkbox"/> Disruptive Work Behavior        |   |
| <input type="checkbox"/> Other _____                     |   |

**DESCRIPTION OF INCIDENT** – Provide in a complete but concise manner, relevant information regarding the employee’s actions or behaviors displayed. (Attached sheet if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN BY SUPERVISOR:**

- |   |   |
|---|---|
| <input type="checkbox"/> Verbal Recognition                     | <input type="checkbox"/> Verbal Warning                                 |
| <input type="checkbox"/> Written Commendation                   | <input type="checkbox"/> Written Reprimand Recommendation               |
| <input type="checkbox"/> Written Public Recognition Recommended | <input type="checkbox"/> Written Higher Disciplinary Action Recommended |

**ACTION TO BE TAKEN:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Notice for Negative Observations Only:** The employee is advised that further violations of rules, regulations or policies may result in further discipline, up to and including recommendation of suspension from duty and/or termination of employment.

**EMPLOYEE’S COMMENTS:** \_\_\_\_\_ I AGREE with the action taken \_\_\_\_\_ I DISAGREE with the action taken for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEE’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This document shall serve as a Written Record to the Employee regarding the described conduct.

- Copy to Personnel File and to the employee
- Remove from Personnel File on \_\_\_\_\_
- Employee met with Supervisor – Date \_\_\_\_\_