

 **Performance Report**

**NOTE: DPF 31-A to be used for any Major Discipline (Civil Service titles only)**

Name:   Dept:

Date of occurrence: Time: Location:

**ACTION TAKEN**:

□ Counseling □ Verbal warning

□ Official written warning \* □ Suspension \_\_\_\_\_day(s) \* □ Termination \*

(Depending on the nature of the offense, Cumberland County reserves the right to skip steps)

**DESCRIPTION OF ISSUE:**

□ Policy and/or procedure violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ 4A:2-2.3 violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPLANATION:**

**GOALS/CORRECTIVE BEHAVIOR:**

Should your performance record not improve in the above area(s), Cumberland County may find it necessary to take the following action (or more depending on the situation):

 □ Written warning  □ Suspension \_\_\_\_\_day(s)

 □ Termination  □ Other:

**EMPLOYEE COMMENTS:**

*By signing, I acknowledge that I received a copy of this document; my signature does not necessarily indicate agreement with its contents.*

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

***\* Return completed form and all related documents to*** ***HR@cumberlandcountynj.gov***