



**MARION EYE CENTER
& Optical**

PERFORMANCE CORRECTION NOTICE

EMPLOYEE NAME: _____ DEPARTMENT: _____

DATE PRESENTED: _____ SUPERVISOR: _____

DISCIPLINARY LEVEL:

- Verbal Correction
- Written Warning
- Final Written Warning

PRIOR NOTIFICATION:

<u>Level of Discipline</u>	<u>Date</u>	<u>Subject</u>
<u>Current Subject:</u>		

INCIDENT DESCRIPTION AND SUPPORTING DETAILS: (INCLUDE THE FOLLOWING INFORMATION: TIME, PLACE, DATE OF OCCURANCE, PERSONS PRESENT, AS WELL AS ORGANIZATIONAL IMPACT.)



MARION EYE CENTER & Optical

IMPROVEMENT MEASURE:

SUPERVISOR PLAN: _____

EMPLOYEE COMMENTS AND/OR REBUTTAL: _____

EMPLOYEE SIGNATURE

EMPLOYEE ACKNOWLEDGEMENT

I understand that Marion Eye Centers & Optical is an "at-will" employer, meaning that my employment has no specified term, and that the employment relationship may be terminated at the will of either party on notice to the other. I also realize that Marion Eye Centers & Optical is opting to provide me with corrective action measures and can terminate such measures at any time, solely at its own discretion, and that the use of progressive discipline will not change my at-will employment status.

I have received a copy of this notification. It has been discussed with me, and I have been advised to take time to consider it before I sign it. I have freely chosen to agree to it, and I accept full responsibility for my actions. By signing this, I commit to follow the Company's standard of performance and conduct.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

MANAGEMENT SIGNATURE

DATE

COPIES:

EMPLOYEE

SUPERVISOR

HUMAN RESOURCES