SPRINGFIELD		Effective Date:	
	Employee	Employee ID:	
Ch ·	Coaching Form	Employee Name:	
OREGON		Supervisor Name:	

This form confirms in writing that you are aware of the following:

	Documentation of concern(s), issues(s) or incident(s) involving:			
	Check all that apply:			
	 Conduct or Behavior (e.g., interpersonal skills) Department or City Policy Violation Safety or Work Environment Work Performance (productivity or quality) Attendance/Dependability Customer Service Insubordination Unauthorized Use of Equipment and Materials Other Description of Concern			
iden	Provide a clear and specific summary of the concern(s), including dates, examples, and relevant details. Attach additional pages if necessary:			
ပိ	Solution(s) or Corrective Plan List the steps the employee is expected to take to correct the issue, including any support the supervisor or department will provide: Follow-up/Check-in Date:			
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Notice to Employee	The conduct, behavior, or performance described above is expected to improve immediately and consistently. If the concern is not resolved or if additional issues arise, disciplinary action may follow, up to and including termination.			
Signatures	Employee's Signature:	Date:		
Signa	Supervisor's Signature:	Date:		
	NOTE: The employee's signature indicates that the content of this form has been discussed. It also acknowledges receipt of a copy of the coaching record. Employees may submit written comments to be attached to this record.			