

STEP-UP PROGRAM CORRECTIVE ACTION FORM

Agency:

Worksite:

Youth's Name:

Supervisor's Name:

VERBAL NOTICE was given on this specific behavior that must be corrected and the timeline for such correction was made clear. The youth will not be meeting minimum standards unless they take this action.

Youth Worker signature: _____ **Date:** _____

Supervisor signature: _____ **Date:** _____

WRITTEN NOTICE was given with reference to the verbal notice and a deadline has been established for taking action to meet the minimum standards. The action needed and timeline are:

I have received a copy of this written notice and have been informed that if I do not take the necessary steps to meet the standards set out above, ***I may be terminated from my job.***

Youth Worker signature: _____ **Date:** _____

Supervisor signature: _____ **Date:** _____

Please fax this form: Attn (your monitor)
North Summer Ofc 612 520-3530
South Summer Ofc 612 821-4014